

PetroMAC Leasing Division
"We pump capital into YOUR C-Store"
 petromac.com 202-478-0230 Voice 202-478-1811 Fax

For Internal Use Only

Date Initiated: ___/___/___
 Representative: _____
 Phone #: _____

Business Information Full Legal Name (Include DBA if Applicable) | Tax Identification #
 Billing Street Address
 City County State Zip
 Equipment Location (if different from above) (Street Address/City/County/State/Zip) | Contact Name & Title

Lease Term: Phone # | Fax # | "S" Corporation
 12 Mo. () | () | Corporation
 24 Mo. Business Description | Years in Business | Proprietorship
 36 Mo. | Partnership
 48 Mo. Name (Principal/Partner/Officer) | Social Security Number | LLC
 60 Mo. | LLP
 Other Home Street Address (Principal/Partner/Officer)
 City/State/Zip | Phone Number
 ()

Equipment Information Total Estimated Equipment/Project Price: \$ | # of Advance Payments: | Total Estimated Lease Payment: \$
 Equipment Project Description | End of Lease Options:
 FMV _____
 Fixed _____ %
 Fixed \$ _____
 Equipment Description (MFG/Model)
 Supplier Name(s) Contact Name(s) Phone #

Bank Reference Business Bank Reference Name Checking/Loan Account # Account/Loan Officer
 Address (City, State) Phone Number Fax Number
 () ()
 Personal Bank Reference Name Checking/Loan Account # Account/Loan Officer
 Address (City, State) Phone Number Fax Number
 () ()

Trade Reference Trade References (Business Name/City/State) Phone Number
 1. ()
 2. ()
 3. ()

Business Purpose The Applicant (Lessee) certifies to PetroMAC and/or any of its affiliates that it is applying for credit for business purposes, and nor for personal, family or home use.

Credit Information Release I hereby authorize any bank, financial institution or trade reference listed above to release appropriate credit information on the above account(s) to PetroMAC and/or any of its affiliates.
 X
 Signature Date