

# TRICON LEASING GROUP, LTD.

FAX back to 718-619-4220

## EQUIPMENT LEASE APPLICATION

**VENDOR:** Big Dog Marketing Group, Inc. **PHONE:** 917-498-5281  
**ADDRESS:** 2964 Hylan Blvd. Staten Island, NY 10306

**LESSEE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**BUSINESS TYPE:** \_\_\_\_\_ **YEARS OLD:** \_\_\_\_\_ **FEDID:** \_\_\_\_\_

### OFFICER/OWNER(S):

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **SOC-SEC-NO.** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **SOC-SEC-NO.** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

### BANKING DATA(TWO YEAR HISTORY IF POSSIBLE)

**NAME OF BANK:** \_\_\_\_\_ **ACCOUNT #:** \_\_\_\_\_  
**CONTACT PERSON:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

### LEASING/LOAN REFERENCE:

**NAME:** \_\_\_\_\_ **ACCOUNT #** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

### TRADE REFERENCES:

**NAME:** \_\_\_\_\_ **ACCOUNT #** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**NAME:** \_\_\_\_\_ **ACCOUNT #** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

### EQUIPMENT DESCRIPTION & PRICING:

\_\_\_\_\_ **PRICE: \$** \_\_\_\_\_  
**LEASE TERM DESIRED:** \_\_\_\_\_ **MONTHS** \_\_\_\_\_ **FMV** \_\_\_\_\_ **\$1 BUYOUT**  
**Inquiry Type:** \_\_\_\_\_ **Sale Leaseback** \_\_\_\_\_ **Loan** \_\_\_\_\_ **Equipment Financing**

### BANK & TRADE DISCLOSURE STATEMENT

The undersigned authorizes full disclosure of information pertaining to the banking data of the Lessee/Applicant. Please communicate said information to Tricon Leasing Group, Ltd., and or it's assigns. The Lessee/Applicant is aware that a credit bureau(s) may be pulled, and gives it's consent to Tricon Leasing Group and or it's assigns as part of the application process.

**Name of Company:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Authorized Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Questions? Call Jim Any time up to 9:30pm EST.**