

# Commercial Lease Application

# TimePayment

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DEALER NAME (Equipment Supplier)	DEALER CODE
DEALER REFERENCE #	

\* = denotes required fields

## LESSEE INFORMATION (Equipment User)

* LEGAL BUSINESS NAME _____	*TYPE OF BUSINESS:
DBA NAME _____	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP
* STREET ADDRESS _____	BILLING ADDRESS (if different):
_____	NAME _____
CITY _____ STATE _____ ZIP _____	STREET ADDRESS _____
BUSINESS PHONE _____ *YEARS IN BUSINESS _____	_____
FEDERAL ID NUMBER _____ (required for business alone)	CITY _____ STATE _____ ZIP _____

## INITIAL FUNDING INFORMATION

*EQUIPMENT TYPE:	*FILL IN ONE OF THE FOLLOWING FIELDS:
_____	Base Monthly Paymt: \$ _____ for _____ Months (Term)
_____	OR Total Funded Amount: \$ _____

## DEALER INFORMATION (Equipment Provider)

DEALER OFFICE: _____	SALESPERSON: _____
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## \*GUARANTOR INFORMATION (Include all owners to account for 100% of company ownership unless Business Alone)

<b>GUARANTOR INFORMATION 1</b>	
SIGNER #1 NAME _____	STREET ADDRESS _____
SS # _____ DATE OF BIRTH _____	_____
HOME PHONE _____ TITLE _____	CITY _____ STATE _____ ZIP _____

<b>GUARANTOR INFORMATION 2</b>	
SIGNER #2 NAME _____	STREET ADDRESS _____
SS # _____ DATE OF BIRTH _____	_____
HOME PHONE _____ TITLE _____	CITY _____ STATE _____ ZIP _____

Applicant represents that this Equipment is being leased for business and/or professional purposes and agrees that under no circumstances shall this Lease be construed as a consumer contract. The undersigned applies for the Lease indicated in this application. Everything stated in this application is correct. TimePayment Corp. may retain the application whether or not the Lease is approved. TimePayment Corp. and its Authorized Affiliates are authorized to check my credit and employment history for the purposes of determining my credit worthiness at the time of my application or thereafter in connection with the same transaction or extension of credit and for the further purpose of reviewing the account, taking collection activity on the account, and skip tracing. TimePayment Corp. and its Authorized Affiliates are authorized to provide history information to others about my credit standing and your credit experience with me, including but not limited to credit bureaus, other companies, outside collection agencies and outside attorneys.

*APPLICANT #1	APPLICANT #2
Authorized Signature _____	Authorized Signature _____
_____	(if applicable)
Print Name _____	Print Name _____
Date _____	Date _____