

Lease application

Please complete and fax return to (925) 447-8811

All Pro Solutions, Inc.

Account Representative:

Business Information

Business Name: _____ Federal Tax ID Number: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____ Fax: _____
Proprietorship Corporation LLC Time In Business Under Current Ownership: _____
Industry: _____
Contact Name: _____ Email Address: _____

Principal Information

Principal Name: _____ Title: _____ Percentage of Ownership: _____
Soc Sec # _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Principal Name: _____ Title: _____ Percentage of Ownership: _____
Soc Sec # _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

Transaction Information

Equipment Cost: _____ Term: _____ Purchase Option: _____

Bank Information

Bank: _____ Branch: _____ Phone: _____
Account Number: _____ Contact: _____ Fax: _____

Loan Information

Lender: _____ Amount Borrowed: _____ Phone: _____
Account Number: _____ Contact: _____ Fax: _____
Lender: _____ Amount Borrowed: _____ Phone: _____
Account Number: _____ Contact: _____ Fax: _____

Trade References

Trade: _____ Contact: _____ Phone: _____
Trade: _____ Contact: _____ Phone: _____
Trade/Landlord: _____ Contact: _____ Phone: _____

By signing below, each undersigned individual provides written instruction to **Baycap, Inc.** or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purposes of update renewal or extension of such credit and for reviewing or collecting the resulting account. A photocopy of facsimile of this authorization shall be valid as original.

Applicant Signature: _____ Date: _____
Applicant Signature: _____ Date: _____