

# R<sub>x</sub> Financial

Equipment Lease Application

14802 N. Dale Mabry Hwy, Suite 201 Tampa, FL 33618

phone (813)964-5644 fax (813)964-5633

## APPLICANT INFORMATION

EXACT LEGAL NAME		<input type="checkbox"/> PROPRIETORSHIP		<input type="checkbox"/> CORPORATION	
		<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> LIMITED LIABILITY CO.	
ADDRESS	CITY	STATE	ZIP	TELEPHONE	
LOCATION OF EQUIPMENT (If different)	CITY	STATE	ZIP	FAX	
TYPE OF BUSINESS	YEARS IN BUSINESS	YEAR UNDER CURRENT OWNERSHIP		FEDERAL TAX ID (IF ANY)	

## OWNERSHIP

#1 OWNER NAME	TITLE	OWNERSHIP %		SOCIAL SECURITY NO.
HOME ADDRESS	CITY	STATE	ZIP	TELEPHONE
#2 OWNER NAME	TITLE	OWNERSHIP %		SOCIAL SECURITY NO.
HOME ADDRESS	CITY	STATE	ZIP	TELEPHONE

## BANK INFORMATION

BANK NAME	CONTACT NAME	CITY	TELEPHONE
ACCOUNT HOLDER	CHECKING ACCOUNT NO.	LOAN NUMBER	FAX NUMBER

## TRADE / DEBT INFORMATION

COMPANY	CONTACT	TELEPHONE
		TELEPHONE
		TELEPHONE

## DESIRED TERM (Check One)

DESIRED TERM (Check one)
<input type="checkbox"/> 30 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/> 84
PAYMENT SCHEDULE
<input type="checkbox"/> LEVEL <input type="checkbox"/> STEP
RESIDUAL PURCHASE OPTION
<input type="checkbox"/> \$1 <input type="checkbox"/> 10% <input type="checkbox"/> FMV

## EQUIPMENT DEALER

DEALER NAME	CONTACT NAME	TELEPHONE NO.	EQUIPMENT COST	EQUIPMENT DESCRIPTION

If the business has been in operation under present ownership for less than two years, or equipment cost exceeds \$50,000 please provide:  
- Financial Statements or Tax Returns on Company for most recent two years and most recent Interim Financial Statement.  
- Please include an itemized quote, if available.

**FAX THIS COMPLETED FORM TO:    ATTN: FRANK BALKUM    FAX: (813) 964-5633**

I/we, the undersigned individual(s) as principal(s) of and/or guarantor(s) for the applicant, authorizes Rx Financial Corporation, its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of the update, renewal, or extension of credit to the applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

X \_\_\_\_\_ Date \_\_\_\_\_    X \_\_\_\_\_ Date \_\_\_\_\_