

D & J

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# D & J Tool & Supply

## Equipment Lease Application

### PAYMENT PLAN

|                |                  |  |   |  |
|----------------|------------------|--|---|--|
| Term in Months | Rate Factor Used | Lease Payment \$<br>(Does not include taxes) | <input type="checkbox"/> FMV<br><input type="checkbox"/> 10% Security Deposit<br><input type="checkbox"/> \$1.00 Buyout<br><input type="checkbox"/> % Put | Security Deposit \$<br>Advanced Payment \$<br>Total Payment \$ |
|----------------|------------------|--|---|--|

### EQUIPMENT TO BE LEASED (Attach separate list if necessary.)

|  |                   |
|--|-------------------|
| Description (include make, model & serial #'s and any attachments) | EQUIPMENT COST \$ |
|  | NEW USED          |

### LESSEE (Complete legal name of entity. If a corporation, use EXACT registered corporate name.)

|  |  |  |
|--|--|--|
| Company  | DBA  | Fed ID#  |
| Billing Address                                    | City   | County State Zip   |
| Equipment Location (if other than billing address) | City   | County State Zip   |
| Nature of Business:                                | Contact Person <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.   | Title  |
| Telephone #<br>Fax #                               | Type of Business: <input type="checkbox"/> Proprietorship<br><input type="checkbox"/> Corp.<br><input type="checkbox"/> Non-Profit Corp. | <input type="checkbox"/> Limited Liability Company<br><input type="checkbox"/> Partnership<br>No. of Years in Business (Under present Ownership) |

### PERSONAL INFORMATION ON OFFICERS, PARTNERS OR OTHER OBLIGORS

|              |       |           |                     |
|--------------|-------|-----------|---------------------|
| Name         | Title | % Owner   | Social Security No. |
| Home Address | City  | State Zip | Home Phone No.      |
| Name         | Title | % Owner   | Social Security No. |
| Home Address | City  | State Zip | Home Phone No.      |

### TRADE REFERENCES - TWO YEAR HISTORY

|                  |            |               |                |
|------------------|------------|---------------|----------------|
| Name Of Supplier | City/State | Telephone No. | Contact Person |
| Name Of Supplier | City/State | Telephone No. | Contact Person |
| Name Of Supplier | City/State | Telephone No. | Contact Person |

### COMPANY BANK REFERENCES - TWO YEAR HISTORY

|                                |               |               |                |
|--------------------------------|---------------|---------------|----------------|
| Name of Bank/Branch City/State | Chkg. Acct. # | Telephone No. | Contact Person |
|                                | Loan Acct. #  |               |                |
| Name of Bank/Branch City/State | Chkg. Acct. # | Telephone No. | Contact Person |
|                                | Loan Acct. #  |               |                |

### ACKNOWLEDGEMENT AND AUTHORIZATION

By providing the above information, I/we authorize you or your agents to investigate my/our financial responsibility and creditworthiness. I/we authorize you to update my/our credit profile from time to time in the future as you deem appropriate.

**Sign Here XX**