



Parts Washer Source, LLC
 2431 SE Caligula Avenue, Port Saint Lucie, FL 34952
 Contact: Dave Weaver PHONE: (800) 458-0355
 www.partswashersource.com

EQUIPMENT DEALER

DEALER NAME PARTS WASHER SOURCE, LLC	
CONTACT DAVE WEAVER	PHONE (800) 458-0355
EQUIPMENT COST	
EQUIPMENT TYPE	

DESIRED TERMS (check one)

LEASE TERM IN MONTHS: <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60
PURCHASE OPTION <input type="checkbox"/> \$1 <input type="checkbox"/> 10%

BUSINESS STRUCTURE

<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LIMITED LIABILITY CO.	STATE OF INC.	YEARS IN BUSINESS
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LESSEE INFORMATION

LESSEE (EXACT LEGAL NAME OR D/B/A)			E-MAIL ADDRESS		
STREET ADDRESS				CITY	
STATE	ZIP CODE	PHONE NO. ()	COUNTY		
TYPE OF BUSINESS		YEARS UNDER CURRENT OWNER	FEDERAL TAX I.D. NO. (IF APPLICABLE)		

OWNERSHIP

PRINCIPAL #1 NAME		TITLE	YRS OF INDUSTRY EXPERIENCE		
SOCIAL SECURITY NO. - -		PHONE NO. ()			
STREET ADDRESS		CITY	STATE	ZIP CODE	
PERSONAL ANNUAL GROSS INCOME (Not including spouse)		DO YOU OWN YOUR HOME? (CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO MONTHLY MORTGAGE / RENT (Residence ONLY) \$			
PRINCIPAL #2 NAME		TITLE	YRS OF INDUSTRY EXPERIENCE		
SOCIAL SECURITY NO. - -		PHONE NO. ()			
STREET ADDRESS		CITY	STATE	ZIP CODE	
PERSONAL ANNUAL GROSS INCOME (Not including spouse)		DO YOU OWN YOUR HOME? (CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO MONTHLY MORTGAGE / RENT (Residence ONLY) \$			

BANK

BANK NAME	CONTACT NAME	CITY	PHONE NO. ()	CURRENT CHECKING BALANCE \$
ACCOUNT UNDER NAME OF		CHECKING ACCT. NO.	SAVINGS ACCT. NO.	LOAN NO.

I understand this equipment application may be approved based upon my business and personal credit.
 I authorize FirstLease, Inc. or its assignees to check references, bank accounts and credit information.

X _____
 AUTHORIZED SIGNATURE DATE

ADDITIONAL INFORMATION

If the business has been in operation under present ownership for less than two (2) years or the equipment cost exceeds \$50,000, please provide the following:

*Financial Statements or Tax Returns on Company for most recent two (2) years and most recent Interim Financial Statement.

Please include an itemized quote or invoice, if available.

Fax or E-mail completed application to the attention of:

<p>David Maschke (215) 283-9870 FAX (866) 493-4778, Ext. 246 PHONE dmaschke@firstleaseonline.com</p>
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