Equipment Lease Application

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Programs administered by:
MIJ Associates LLC. Greenville, SC

For Bank Use Only
- Application #
- Representative:

SUPPLIER VENDOR or DEALER INFORMATION

Vendor's Name	Contact/Sales Rep.	Telephone #
AMERICAN CREMATORY EQUIPMENT CO	**Glenn**	**800-396-2254**

PAYMENT PLAN

Click The Arrow To Select Term	Rate Factor Used	Lease Payment	Options : FMV. $1.00 Buyout 10% Security Deposit Straight Finance Agreement Predetermined % Put	Total Monthly Payment To be determined after credit review
60 Months	Best Avail	$TBD		$TBD

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

Description (include make, model & serial #'s and any attachments)	EQUIPMENT COST **$** ☐ NEW ☐ USED ☐ REFURB

LESSEE / END USER (Complete legal name of entity)

Company	DBA	Fed ID#

Address	City	County	State	Zip

Email:	Contact Person ☐ Mr. ☐Ms.:	Title:

Telephone # Fax #	Type of Business Select one box:	☐Proprietorship ☐Limited Liability Company ☐Corp. ☐Partnership ☐Non-Profit Corp.	No. of yrs. in Business (present ownership)

PERSONAL INFORMATION ON OFFICERS, PARTNERS OR OTHER OBLIGORS (Use separate page for additional owners)

Name	Title	% Ownership	Social Security No.
Home Address	City	State	Zip	Home Phone No.
Name	Title	% Ownership	Social Security No.
Home Address	City	State	Zip	Home Phone No.

COMPANY BANK REFERENCES -

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

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below, the undersigned individual who is either a principle of the credit applicant or personal guarantor of its obligations, provides written instruction to MIJ Associates LLC or its designee (and any assigned or potential assignee) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this business equipment application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A copy or facsimile of the authorization shall be valid as and original. By signature below I/we affirm my/our identity as the respective individual(s) identified in the above application. This also authorizes MIJ associates LLC to phone, fax and/or email information to the applicant and company, as deemed appropriate by MIJ Associates LLC
.

Signature X _____ **Date** _____ **Signature X** _____ **Date** _____.