



Fountainhead Funding, LLC
Office (727) 573-5533
Fax (727) 299-9034

611 Saxony Blvd.
St. Petersburg, FL 33716
www.fountainheadfunding.com

LEASE APPLICATION

Business Name _____ Phone # _____ Fax # _____

Address (incl. City/State/Zip) _____

Nature of Business _____ Years in Business _____ Tax ID# _____

Location of Equipment (incl. City/State/Zip) _____

TYPE OF BUSINESS Proprietorship Partnership Corporation

Principal's Legal Name _____ Title _____

DOB _____ SSN _____ Percentage of Ownership _____

Home Address (incl. City/State/Zip) _____

Principal's Legal Name _____ Title _____

DOB _____ SSN _____ Percentage of Ownership _____

Home Address (incl. City/State/Zip) _____

PLEASE LIST ALL CHECKING, SAVINGS, LOANS AND CDS

(1) Account Type _____ Account # _____

Bank Name _____ Branch _____ Bank Officer _____ Phone # _____

(2) Account Type _____ Account # _____

Bank Name _____ Branch _____ Bank Officer _____ Phone # _____

(3) Account Type _____ Account # _____

Bank Name _____ Branch _____ Bank Officer _____ Phone # _____

PLEASE LIST SIGNIFICANT TRADE REFERENCES

Company Name _____ Contact _____ Phone # _____

Company Name _____ Contact _____ Phone # _____

Company Name _____ Contact _____ Phone # _____

EQUIPMENT TO BE LEASED

Equipment Vendor _____ Expected Delivery Date _____

Vendor Address (incl. City/State/Zip) _____

Vendor Contact _____ Phone # _____

Equipment Cost _____ Equipment Type _____ Desired Lease Term _____

Insurance Company _____ Agent Name _____ Phone # _____

The undersigned certifies that all credit and financial information submitted is true and correct and authorizes Fountainhead Funding, LLC, or its assignees, to investigate Lessee's credit worthiness and disclose information and investigation results to each other. The undersigned authorizes all parties contacted to release credit and financial information requested as part of said investigation. All duplicates are to be viewed as valid as the original.

Date _____ Applicants Signature _____ Title _____

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