

## GENERAL INFORMATION

Date				
Company name				
Year established	POB#			
Address				
City				
ST	ZIP			
Company toll free number				
Corporation	Sole	Partnership	Proprietorship	LLC
Contact name				
Title				
Email				
Phone	Website			
Association Memberships: ELA	WAEL	EDEL	Other:	

## BROKER REFERENCES

### PRIMARY BANK

Branch	
Contact Officer	
Phone	Email
Account Number	

## FINDING SOURCE 1

Contact name
Email
Phone

## FUNDING SOURCE 2

Contact name
Email
Phone

## FUNDING SOURCE 3

Contact name
Email
Phone

## PERSONAL INFORMATION

### PRINCIPAL 1

Home address		
City		
ST	ZIP	% Stock Owned
Social Security #		
Title		

### PRINCIPAL 2

Home address		
City		
ST	ZIP	% Stock Owned
Social Security #		
Title		

### PRINCIPAL 3

Home address		
City		
ST	ZIP	% Stock Owned
Social Security #		
Title		

## EQUIPMENT SPECIALTIES

### Which markets do you cater to?

Indian Tribal    Municipal    Commercial    Not for Profit    Federal

### Describe your areas of focus:

### Special needs sought:

## FUNDING SOURCE REFERENCES

(5 sources with at least 1 year of funding relationship)

Funding source name	Annual Volume	Discount Broker	Approval Ratio %	Funding Ratio
		Y N		
		Y N		
		Y N		
		Y N		
		Y N		

## VOLUME INFORMATION

Last Years \$	Year	Last Years \$	Year
Forecast next year \$		What is your estimated first year Funding totals with LII \$	

## SEGMENTATION OF CURRENT BUSINESS

Transaction size		How business orginated	
%	Under \$50,000	%	Lessee direct
%	Between \$50,000 - \$100,000	%	Vendor
%	Between \$100,000 - \$250,000	%	Repeat customer
%	\$250,000 plus	%	Other: (please identify)

To the best of my/our knowledge the above information provided is true and accurate. This is given for the purpose of inducing LII to enter into a broker relationship. I authorize LII to investigate our business and personal banking, credit and business relationships for this purpose.

Signed by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Signer \_\_\_\_\_