RER LEASING CORP. Credit Application

VENDOR NAME		CONTACT	PHONE	FAX	
CUSTOMER INFORMATION					
LEGAL COMPANY NAME	ADDR		COUNTY		
CITY STA	TATE ZIP PHONE FAX		FE	FED. TAX I.D. #	
CONTACT PERSON			TYPE OF BUSINESS		
			CORPORATION	□PROPRIETORSHIP	□PARTNERSHIP
# OF YEARS IN BUSINESS UNDER CURRE	NT OWNERSH	HIP # OF EMPLOYEES	DESCRIPTION OF BUSIN	NESS	
BILLING ADDRESS (IF DIFFERENT FROM A	BOVE)		CITY	STATE	ZIP
LEASE INFORMATION					
DESCRIPTION OF PRODUCT			PRODUCT	COST	
LEASE TERM	PAYMENT AMOUNT			PURCHASE OPTION ☐FMV ☐\$1.00	
		PERSON/		_,	
NAME	LIOME A	DDRESS		ELL NUMBER	
NAME	HOIVIE A	DDRESS	C.	ELL NUMBER	
CITY	STATE	ZIP	SC	OCIAL SECURITY #	
TITLE	% OWNE	ERSHIP	E-MAIL ADDRESS		
NAME	HOME ADDRESS		CELL NUMBER		
CITY	STATE	ZIP	SOCIAL SECURITY #		
TITLE	% OWNERSHIP E-MAIL ADDRESS				
		REFEREN	CE DATA		
LIST PRESENT BANK(S) - PREVIOUS BANK IS REQUIRED IF APPLICANT HAS BEEN AT PRESENT BANK LESS THAN TWO YEARS					
PRESENT BANK OF APPLICANT			PREVIOUS OR SECO	ND BANK OF APPLICANT	
BRANCH	PHC	DNE	BRANCH	PHONE	
NAME OF BANK OFFICER	ACC	T.#	NAME OF BANK OFFI	CER ACCT.	#
TRADE REFERENCES NAME AND ADDRES 1.	SS		PHONE	CONTACT	
2.					
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By signing below, the individual submitting this form, recognizing that his/her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent.

I hereby authorize our banks, trade references, and financial institutions the right to release credit information over the phone. DATE

R.E.R. Leasing Corp. 100 Broadway Suite 206 Massapequa NY 11758 Tel.: 516-238-2099 Fax: 516-717-3194