

39575 13 Mile Road
 Novi, MI 48377
 Phone: (800) 252-6793
 Fax: (248) 474-6081
 Email: Lease@kipamerica.com



IMPORTANT INFORMATION: If you are applying for individual lease or for joint lease with another person (including a joint account or an account that you and another person will use) complete all sections providing information about each individual applicant, joint applicant or user. If you are applying to guarantee the obligations of a business, complete all sections providing information about yourself. **Persons providing information who are not Applicants, Guarantors, or Company Authorized Signers should not sign this statement.**

Lease Application Please email or fax to KIP Leasing – Lease@kipamerica.com or 248-474-6081 fax

Company Information <i>*Required</i>	Full Legal Name of Business & DBA (if any)		Contact Email Address
	Billing Street Address		Federal Tax ID #
	City/ State/ Zip/ County		
Equipment Location (if different from above) Street Address/ City/ State/ Zip/ County			
Contact		Phone Number	
		Fax Number	
Nature of Business		Years in Business	No. of Employees
Personal Guarantee Information <i>*Optional</i>	Principal/ Partner/ Officer		Social Security Number
	Home Street Address /City/ State/ Zip		
	Home Phone Number	Date of Birth	% of Ownership

- Proprietorship
- General Partnership
- Limited Partnership
- Not for Profit
- Corporate
- State of Inc. _____
- Date of Inc. _____
- Limited Liability
- State or Local Gov't

Equipment Information <i>*Required</i>	Supplier Name (KIP Dealer)		Contact (Salesman)	Requested Lease Amount A.
	Lease Program Option		Lease Term (months)	External Lease Buyout *If applicable B.
	<input type="checkbox"/> Standard Rate - FMV Purchase Option <ul style="list-style-type: none"> <input type="checkbox"/> Low Volume <input type="checkbox"/> Mid/High Volume <input type="checkbox"/> 0% Rate – FMV Purchase Option <input type="checkbox"/> Fixed Price Purchase Option of \$1.00 <input type="checkbox"/> Fixed Price Purchase Option of 10% of Orig. Lease Amt.			Total Lease Amount (A+B=C) C. <small>*Do not include sales/use tax</small>
Equipment Description			IF REQUEST EXCEEDS \$100,000, PLEASE INCLUDE YOUR LAST 2 YEAR-END BUSINESS FINANCIALS AND AN INTERIM STATEMENTS (if available)	

Bank Reference <i>*Optional</i>	Bank Name	Account/ Loan Officer	Phone Number
	Address (City, State)		

Business Purpose & Other Disclosures

"You," the "Applicant" (both terms include the business entity as well as all of the individuals named above), certify to us that you are applying for credit for business reasons, and not for personal, family or household purposes. Applicant authorizes, KIP America to obtain information from others concerning Applicant's credit and trade standing, including Applicant's personal credit report, and other relevant information impacting this application, and if the Lease is approved, from time to time during the term of the Lease. In addition to the information requested on this application, KIP America may subsequently request additional information from Applicant. **Under the Fair Credit Reporting Act there is certain credit information that cannot be shared about you (unless you are a business) if you tell KIP America by writing to KIP America Attention: Lease Department, 39575 W. 13 Mile Road, Novi Michigan 48377. Please provide your name, address, social security number and account number(s).** As an authorized agent of the applicant company, you represent that you have reviewed this document and the information herein is true, correct and complete. A photo static copy of this authorization shall be as valid as the original. **Ohio Residents Only:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law. **New York Residents Only:** A consumer report may be requested in conjunction with this application. Upon your request, you will be informed whether or not a consumer report was requested and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. Subsequent consumer reports may be requested or utilized in connection with an update, renewal or extension of the credit for which this application is made. **Vermont Residents Only:** You authorize KIP America to obtain credit reports about you now and in the future for all legitimate purposes associated with this application or the account including, but not limited to: (a) evaluating this application; and (b) renewing, reviewing, modifying, and taking collection action on the account. **Important Information About Procedures for Opening A New Account:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, and date of birth, business documents, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Authorization
**Required*

We/I certify that we/I have read and agree with applicable terms and conditions above.

X	Company Authorized Signer	Print Name	Date
X	Guarantor Signature (if Personal Guarantee information if provided above)	Print Name	Date