|  |  |  |
| --- | --- | --- |
| **400 Rinehart Rd.** **Suite # 1000****Lake Mary, FL 32746**[**www.fonon.us**](http://www.fonon.us) |  | **Phone: 407-477-5618****Fax: 407-804-1002****fonon@fonon.us** |

|  |  |
| --- | --- |
|  |  |
|  **COMPLETE LEGAL COMPANY NAME**  | **D.BA NAME *(n* applicable;**  |
| Company | DBA |
| **BILLING ADDRESS** | **CITY** | **STATE** | **ZIP** |
| Billing Address | City | State | Zip |
| **PHYSICAL ADDRESS** | **CITY** | **STATE** | **ZIP** |
| Physical Address | City | State | Zip |
| **EOUIPMENT LOCATION *(n* different than physical address of business;** | **CITY** | **STATE** | **ZIP** |
| Equipment Address | City | State | Zip. |
| **COUNTY** | **BUSINESS PHONE #** | **BUSINESS FAX #** | **CONTACT CELL #** |
| County | Business Phone | Fax | Cell |
| **NATURE OF BUSINESS** | **SOLE PROPRIETOR** | **CORPORATION** | **PARTNERSHIP** | **LLC** | **OTHER** |
| Type of Business | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  | **[ ]**  |
| **FEDERAL ID#** | **BUSINESS START DATE** | **CURRENT OWNERSHIP in yrs** | **E-MAIL** |
| Fed ID# | Business Start | Owner Tenure | Email |

**OFFICERS/OWNERS/PARTNERS/MEMBERS GUARANTOR INFORMATION**

|  |  |  |
| --- | --- | --- |
| **NAME #1**  | **NAME #2**  | **NAME #3**  |
| Name | Name | Name |
| **TITLE**  | **%OWNED**  | **TITLE**  | **% OWNED**  | **TITLE**  | **% OWNED**  |
| Title | % | Title | % | Title | % |
| **SOCIAL SECURITY NUMBER**  | **SOCIAL SECURITY NUMBER**  | **SOCIAL SECURITY NUMBER**  |
| SS# | SS# | SS# |
| **HOME PHONE #**  | **HOME PHONE #**  | **HOME PHONE */I***  |
| Home Phone | Home Phone | Home Phone |
| **STREET**  | **STREET**  | **STREET**  |
| Address | Address | Address |
| **CITY**  | **ST**  | **ZIP**  | **CITY**  | **ST**  | **ZIP**  | **CITY**  | **ST**  | **ZIP**  |
| City | ST | Zip | City | ST | Zip | City | ST | Zip |

**BUSINESS CHECKING ACCOUNT REFERENCE**

|  |  |  |  |
| --- | --- | --- | --- |
| **BANK NAME** | **ACCOUNT NUMBER** | **CONTACT PERSON** | **PHONE NUMBER**  |
| Bank | Account | Contact | Phone |

**OTHER LEASING COMPANY OR LOAN REFERENCE**

|  |  |  |  |
| --- | --- | --- | --- |
| **BANK NAME** | **ACCOUNT NUMBER** | **CONTACT PERSON** | **PHONE NUMBER**  |
| Bank | Account | Contact | Phone |

**BUSINESS TRADE REFERENCE**

|  |  |  |  |
| --- | --- | --- | --- |
| **BANK NAME** | **ACCOUNT NUMBER** | **CONTACT PERSON** | **PHONE NUMBER**  |
| Bank | Account | Contact | Phone |

**EQUIPMENT TO BE LEASED AND VENDOR/SUPPLIER INFORMATION**

|  |  |  |
| --- | --- | --- |
| **VENDOR NAME** | **CONTACT PERSON** | **PHONE#** |
| **Fonon Corporation** | **Jay Schlegel** | **407-477-5618 Ext: 1100** |
| **DESCRIPTION** | **QUANTITY** | **MODEL #** | **NEW** | **USED** |
| Description | Quantity | Model | **[ ]**  | **[ ]**  |
| **SALES REP** | **EQUIPMENT COST** | **TERM** |
| Representative | Equipment Cost | **36****[ ]**  | **48****[ ]**  | **60****[ ]**  |

**AUTHORIZATION**

**The following authorization shall apply to this application and subsequently for the purpose of update, renewal, or extension of such credit and for reviewing or collecting the resulting account. A copy of this authorization shall be valid as the original. By signing below, the undersigned individual who is either a principal of thecreditapplicant or a personal guarantor of its obligations, provides written instruction to Fonon Corporation or its designee authorizing any credit bureau or other investigative agency to investigate the references herein listed or statements or other data obtained pertaining to credit and financial responsibility.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Signature |  | Date | Date | Print Name | Name | Title | Title |

**If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact CREDIT OPERATIONS, Fonon Technologies, Inc. 400 Rinehart Rd suite 1000, Lake Mary FL 32746, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. Tel: 844-44LASER.** [**www.fonon.us**](http://www.fonon.us)**.**