

**POWERHOUSE EQUIPMENT
FINANCE / LEASE APPLICATION**

(1) CUSTOMER INFORMATION			
Business Name (Lessee):		Phone:	
Address		Fax:	
City	State	Zip	
Years in Business	Type of Business	Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/>	
Corporate Secretary	Date of Inc.	State of Inc.	
Federal Tax ID#		Mobile Phone and/or Pager #	
(2) INFORMATION ON PRINCIPALS			
Name		Social Security #	Home Phone #
Home Address		City	State & Zip
Name		Social Security #	Home Phone #
Home Address		City	State & Zip
PERSONAL GUARANTOR(S) (Must be Principal(s) listed above:)	SIGNATURE(S)		PRINT NAME(S)
(3) BANK REFERENCES (please supply two, if applicable)			
1st Bank Name		Branch	Phone
Bank Contact		Account Number	
2nd Bank Name		Branch	Phone
Bank Contact		Account Number	
(4) TRADE REFERENCES (please supply two)			
1st Trade Name		Contact	Phone & Account Number
2nd Trade Name		Contact	Phone & Account Number
(5) DEALER DISTRIBUTOR INFORMATION			
Dealer/Distributor Name		Phone	Fax
Address		City, State & Zip	
Sales Rep or Contact Name:		Sales Rep Number	
(6) EQUIPMENT INFORMATION			
Equipment Location (if not the above)		City	State & Zip
Equipment Description			
Equipment Cost	Other	Total	Lease Term & Payment
End of Lease Options:	<input type="checkbox"/> Fair Market Value	<input type="checkbox"/> \$1.00 Buyout	<input type="checkbox"/> Other
(7) CUSTOMER AUTHORIZATION			
<p>CUSTOMER AUTHORIZATION: Compact Power, Inc and/or its assigns are authorized to check my credit. I/we give our consent to release information to you and/or your assigns. Each individual signature certifies that the information provided in this credit application is accurate and complete. Each individual signature who is either a principal of the credit applicant or a sole proprietorship of the credit applicant authorizes Compact Power, Inc and/or it's lending sources to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing account.</p>			
Authorized Signature(s)		Print Name(s)	Date
Compact Power, Inc, 3326 Highway 51, Fort Mill, SC (29715) 1-800-476-9673 Fax this Application to: (803) 548-2762 Please complete sections 1, 2, 3, 4 & 7 in full.			