

# RER CAPITAL FUNDING.

## *Credit Application*

### SUPPLIER INFORMATION

|             |         |       |     |
|-------------|---------|-------|-----|
| VENDOR NAME | CONTACT | PHONE | FAX |
|-------------|---------|-------|-----|

### CUSTOMER INFORMATION

|   |                |                         |
|---|----------------|-------------------------|
| LEGAL COMPANY NAME  | ADDRESS        | COUNTY                  |
| CITY  | STATE          | ZIP                     |
| CONTACT PERSON  | PHONE          | FED. TAX I.D. #         |
| TYPE OF BUSINESS  |                | FAX                     |
| <input type="checkbox"/> CORPORATION <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP |                |                         |
| # OF YEARS IN BUSINESS UNDER CURRENT OWNERSHIP  | # OF EMPLOYEES | DESCRIPTION OF BUSINESS |
| BILLING ADDRESS (IF DIFFERENT FROM ABOVE)   | CITY           | STATE                   |
|   |                | ZIP                     |

### LEASE INFORMATION

|                        |  |
|------------------------|--|
| DESCRIPTION OF PRODUCT | PRODUCT COST   |
| LEASE TERM             | PAYMENT AMOUNT   |
|                        | PURCHASE OPTION  |
|                        | <input type="checkbox"/> FMV <input type="checkbox"/> \$1.00 |

### PERSONAL DATA

|                |              |                   |
|----------------|--------------|-------------------|
| NAME           | HOME ADDRESS | CELL NUMBER       |
| CITY           | STATE        | ZIP               |
| TITLE          | % OWNERSHIP  | SOCIAL SECURITY # |
| E-MAIL ADDRESS |              |                   |
| NAME           | HOME ADDRESS | CELL NUMBER       |
| CITY           | STATE        | ZIP               |
| TITLE          | % OWNERSHIP  | SOCIAL SECURITY # |
|                |              | E-MAIL ADDRESS    |

### REFERENCE 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 SECOND BANK OF APPLICANT |                      |         |
| BRANCH   | PHONE                                | BRANCH               | PHONE   |
| NAME OF BANK OFFICER   | ACCT. #                              | NAME OF BANK OFFICER | ACCT. # |
| TRADE REFERENCES NAME AND ADDRESS  | PHONE                                | CONTACT              |         |
| 1.   |                                      |                      |         |
| 2.   |                                      |                      |         |
| 3.   |                                      |                      |         |

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

X

R.E.R. Leasing Corp.  
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