

Full Legal Company Name \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Bus Started: \_\_\_\_/\_\_\_\_/\_\_\_\_ Mobile \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_ County: \_\_\_\_\_ Yrs. Under Same Ownership: \_\_\_\_\_  
Equipment Location: \_\_\_\_\_ Business Nature: \_\_\_\_\_  
Type of Business ( One):  Corporation  Partnership  Proprietorship  Municipality  LLC  
Any Other Business Name Used? If so, please specify: \_\_\_\_\_ email \_\_\_\_\_  
Federal I.D. No.: \_\_\_\_\_ - \_\_\_\_\_ Date of Incorporation: \_\_\_\_/\_\_\_\_/\_\_\_\_ D&B No.: \_\_\_\_\_

**OFFICERS/OWNERS/PARTNERS:** (Those authorized to sign lease.) **S.S. #'s Required! (spouse also)**

| Full Name    | Title | % * | Home Address (Street, City, State, Zip) | Soc. Sec. # |
|--------------|-------|-----|---|-------------|
| Principal #1 |       |     |   |             |
| Spouse:      |       |     |   |             |
| Principal #2 |       |     |   |             |
| Spouse:      |       |     |   |             |

Has any Owner/Officer filed Bankruptcy - last 10 years?  Yes  No \* = % owned - must total 100% - use 2<sup>nd</sup> page if necessary.

**BANK REFERENCES:** (To support time in business, please list previous Bank(s), if applicable.) **Acct. # is Required!**

| Bank Name    | Phone # | Acct. # (List All) | Contact | Type Acct. |
|--------------|---------|--------------------|---------|------------|
|              | - -     |                    |         |            |
|              | - -     |                    |         |            |
|              | - -     |                    |         |            |
| LOANS/LEASES | - -     |                    |         |            |
|              | - -     |                    |         |            |

**TRADE REFERENCES: 3 MAJOR** vendors you pay for products/services that are vital to your daily operations & have a long relationship

| Company Name | Phone # | Account # | Contact |
|--------------|---------|-----------|---------|
|              | - -     |           |         |
|              | - -     |           |         |
|              | - -     |           |         |

The undersigned authorizes all parties contacted to release credit & financial information requested by First Financial Leasing Company, LLC, Commercial Leasing Corporation or their assigns.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Title Date

**PLEASE TYPE or PRINT CLEARLY!!!** Please FAX to -770-929-0929

or mail to:

DOT Sales & Supplies Inc.  
880Blacklawn Rd.  
Conyers, GA 30094