

Buy Rite Vending Company

296 North 8th St., Lindenhurst, NY 11757

Call Toll Free: 1(800) 690-1810



FirstLease^{INC}

1300 Virginia Drive, Ste 450, Fort Washington, PA 19034

www.firstleaseonline.com

EQUIPMENT DEALER

DEALER NAME BUY RITE VENDING COMPANY, INC.	
CONTACT	PHONE ()
EQUIPMENT COST	
EQUIPMENT TYPE	

DESIRED TERMS (check one)

LEASE TERM IN MONTHS: <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 30 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60
PURCHASE OPTION <input type="checkbox"/> \$1 <input type="checkbox"/> 10%

BUSINESS STRUCTURE

<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LIMITED LIABILITY CO.	STATE OF INC.	YEARS IN BUSINESS
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LESSEE INFORMATION

LESSEE (EXACT LEGAL NAME OR D/B/A)			E-MAIL ADDRESS		
STREET ADDRESS			CITY		
STATE	ZIP CODE	PHONE NO. ()	COUNTY		
TYPE OF BUSINESS		YEARS UNDER CURRENT OWNER	FEDERAL TAX I.D. NO. (IF APPLICABLE)		

OWNERSHIP

PRINCIPAL #1 NAME		TITLE	YRS OF INDUSTRY EXPERIENCE		
SOCIAL SECURITY NO.		PHONE NO. ()			
STREET ADDRESS		CITY	STATE	ZIP CODE	
PERSONAL ANNUAL GROSS INCOME (Not including spouse)	DO YOU OWN YOUR HOME? (CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO MONTHLY MORTGAGE / RENT (Residence ONLY) \$				
PRINCIPAL #2 NAME		TITLE	YRS OF INDUSTRY EXPERIENCE		
SOCIAL SECURITY NO.		PHONE NO. ()			
STREET ADDRESS		CITY	STATE	ZIP CODE	
PERSONAL ANNUAL GROSS INCOME (Not including spouse)	DO YOU OWN YOUR HOME? (CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO MONTHLY MORTGAGE / RENT (Residence ONLY) \$				

BANK

BANK NAME	CONTACT NAME	CITY	PHONE NO. ()	CURRENT CHECKING BALANCE \$
ACCOUNT UNDER NAME OF		CHECKING ACCT. NO.	SAVINGS ACCT. NO.	LOAN NO.

I understand this equipment application may be approved based upon my business and personal credit. I authorize FirstLease, Inc. or its assignees to check references, bank accounts and credit information.

X _____
AUTHORIZED SIGNATURE DATE

ADDITIONAL INFORMATION

If the business has been in operation under present ownership for less than two (2) years or the equipment cost exceeds \$50,000, please provide the following:

*Financial Statements or Tax Returns on Company for most recent two (2) years and most recent Interim Financial Statement.

Please include an itemized quote or invoice, if available.

Fax completed application to the attention of:

David Maschke
(215) 283-9870 FAX
(866) 493-4778, Ext. 246 PHONE
dmaschke@firstleaseonline.com