

Credit Application

Fax to: 800-451-5360



NEC FINANCIAL SERVICES, INC.
300 FRANK W. BURR BLVD. TEANECK, NJ 07666 • (201) 287-8300 • Fax (201) 287-9555 www.neclease.com info@neclease.com

EXISTING CUSTOMER YES NO If yes, Account # _____

FINANCIAL STATEMENTS MAY BE REQUIRED

SUPPLIER INFORMATION	SUPPLIER NAME AND ADDRESS	Phone _____		Can NEC Financial contact the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Fax _____		LEASE DOCUMENTS:
	Sales Rep Name _____	E-mail _____		<input type="checkbox"/> I will prepare documents
				<input type="checkbox"/> I want NEC Financial to prepare documents
				Send To: <input type="checkbox"/> Supplier <input type="checkbox"/> Customer
				Send Via: <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail

LEASE INFORMATION	EQUIPMENT / SOFTWARE DESCRIPTION			
	Estimated Installation Date: _____			
	Equipment Cost \$ _____	Lease Rate Factor _____	LEASE TYPE	LEASE TERM
	Software Cost* \$ _____	Lease Payment \$ _____		
	<i>* Not available for FMV, Blended Rates may be required</i>			
	Sub-Total \$ _____	(Lease Payment = Lease Rate Factor x Total Cost)		
	Sales Tax \$ _____ %	Advance Rentals # _____ = \$ _____		
Total Cost \$ _____	Sales Tax Rate _____	Security Deposit \$ _____	Promotion _____	

CUSTOMER INFORMATION	COMPLETE LEGAL COMPANY NAME				Headquarters Information			
	_____				Address: _____			
	Trade Style/DBA: _____				City, State, Zip: _____			
	Nature of Business: _____ Federal Tax ID# (FID): _____				INSTALLATION ADDRESS (if different from above address)			
	Contact: _____ Phone: _____				Address: _____			
	Email: _____ Fax: _____				City, State, Zip: _____			
	Lease Signer: _____ Title: _____				Will you be moving to the installation location? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> LTD <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> PC <input type="checkbox"/> PA <input type="checkbox"/> Not for Profit <input type="checkbox"/> Government <input type="checkbox"/>							
	Business Start Date: _____ Bankruptcy History: <input type="checkbox"/> No <input type="checkbox"/> Yes/When: _____							
	State of Inc./Organization _____ Organizational # _____				If you are Sales Tax Exempt, please attach copy of certificate.			

CUSTOMER INFORMATION	Parent Company (if applicable): Company is a <input type="checkbox"/> Subsidiary <input type="checkbox"/> Division <input type="checkbox"/> Affiliate <input type="checkbox"/>				Equipment Installation Location: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/>			
	Name: _____				Landlord/Owner: _____			
	HQ Address: _____				Address: _____			
	City, State, Zip: _____				Contact: _____ Phone: _____			
	Name/Title: <input type="checkbox"/> Principal <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Member <input type="checkbox"/>				Name/Title: <input type="checkbox"/> Principal <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Member <input type="checkbox"/>			
	Name: _____				Name: _____			
	Home Address: _____				Home Address: _____			
	City, State, Zip: _____				City, State, Zip: _____			
	Email: _____				Email: _____			
	Home Phone: _____ Social Security # _____ - _____ - _____				Home Phone: _____ Social Security # _____ - _____ - _____			
Bank Name: _____				Trade Reference: _____				
Branch: _____ How Long: _____				City & State: _____				
Checking Acct# _____ Loan Acct # _____				Account # _____ How Long: _____				
Contact Name: _____				Contact Name: _____				
Phone: _____ Fax: _____				Phone: _____ Fax: _____				

SIGNATURE	I / We grant NEC Financial Services, Inc. or its Agent's permission to investigate my/our financial responsibility and credit worthiness, and authorize release of any personal or business information accordingly. I/We agree to make available financial statements, tax returns, etc., upon request. I/We acknowledge that the Advance Rental(s) and/or Security Deposit(s) are not refundable if NEC Financial approves our application for credit. I/We certify that this application for credit is for commercial purpose and not for personal, family or household purposes.	
	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Authorized Signature and Title X </div>	Printed Name _____ Date: _____
	By execution of the Credit Application and Lease Agreement, I / We warrant that the information submitted herein is true and correct.	