



JETTERS, HIGH PRESSURE PUMPS & SYSTEMS

Return to  
Doug Richters  
fax: 937-473-5990  
e-mail: doug@accordlease.com

**APPLICANT INFORMATION**

Legal Business Name				Phone	
Address (Street, R.R. - no PO Box)			E-mail Address		Fax
City		County	State	Zip	Cell Phone/Pager
Type of Business					Contact
Corporation <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> LLC	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>	State of incorp.	Federal Tax ID Number	Date Established/Time in Business
Equipment Location (if different than above)					

**PRINCIPAL INFORMATION (President, Owners or Partners)**

Name 1		Title	Ownership %	Social Security #
Home Address		City	State	Zip
Home Phone				
Name 2		Title	Ownership %	Social Security #
Home Address		City	State	Zip
Home Phone				

**BANKING INFORMATION**

NAME / BRANCH	CITY/STATE	CHECK ACCOUNT #	PHONE	CONTACT

**TRADES OR FINANCE REFERENCES (Include other Business Leases, Loans & Suppliers)**

NAME	CITY/STATE	ACCT #	PHONE	CONTACT
Landlord/Mortgagor	City/State	Yrs at Location	Phone	Contact

**VENDOR / EQUIPMENT INFORMATION**

Name Harben, Inc.			Phone 800-327-5387		Contact
Address 2010 Ronald Reagan Boulevard			City Cumming	State GA	Zip 30041
Fax 770-887-9411					
Equipment To Be Financed - Description					
<input type="checkbox"/> Used <input type="checkbox"/> New	Term (months)	Advance Payments	Buyout Option <input type="checkbox"/> FMV <input type="checkbox"/> 10% <input type="checkbox"/> \$1	Sales Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No Tax Rate (%)	Total Cost (Without Tax)

Each undersigned individual, who is either a principle of the credit applicant or a personal guarantor of its obligations, authorizes release of any credit information for the company and individuals listed above including credit bureau reports, loan, lease, checking, saving, and trade accounts to Accord Financial Group and/or its assignees. Such authorization shall extend to obtaining a personal credit profile in considering this application and subsequently for the purposes of update, renewal or extension of credit, and for reviewing or collecting the resulting account. A photocopy or fax of this authorization shall be as valid as the original. Applicant warrants that the information stated above is true and correct.

Signature 1: \_\_\_\_\_ Signature 2: \_\_\_\_\_ Date: \_\_\_\_\_