

400 Rinehart Rd.  
 Suite # 1000  
 Lake Mary, FL 32746  
[www.laserphotonics.com](http://www.laserphotonics.com)



Phone: 571-403-2099  
[finance@laserphotonics.com](mailto:finance@laserphotonics.com)

COMPLETE LEGAL COMPANY NAME Company			D.BA NAME (if applicable); DBA		
BILLING ADDRESS Billing Address			CITY City	STATE State	ZIP Zip
PHYSICAL ADDRESS Physical Address			CITY City	STATE State	ZIP Zip
EQUIPMENT LOCATION (if different than physical address of business); Equipment Address			CITY City	STATE State	ZIP Zip.
COUNTY County	BUSINESS PHONE # Business Phone		BUSINESS FAX # Fax		CONTACT CELL # Cell
NATURE OF BUSINESS Type of Business			SOLE PROPRIETOR <input type="checkbox"/>	CORPORATION <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>
FEDERAL ID# Fed ID#		BUSINESS START DATE Business Start	CURRENT OWNERSHIP in yrs Owner Tenure	E-MAIL Email	

**OFFICERS/OWNERS/PARTNERS/MEMBERS GUARANTOR INFORMATION**

NAME #1 Name		NAME #2 Name			NAME #3 Name			
TITLE Title	% OWNED %	TITLE Title	% OWNED %	TITLE Title	% OWNED %	TITLE Title	% OWNED %	
SOCIAL SECURITY NUMBER SS#		SOCIAL SECURITY NUMBER SS#			SOCIAL SECURITY NUMBER SS#			
HOME PHONE # Home Phone		HOME PHONE # Home Phone			HOME PHONE # Home Phone			
STREET Address		STREET Address			STREET Address			
CITY City	ST ST	ZIP Zip	CITY City	ST ST	ZIP Zip	CITY City	ST ST	ZIP Zip

**BUSINESS CHECKING ACCOUNT REFERENCE**

BANK NAME Bank	ACCOUNT NUMBER Account	CONTACT PERSON Contact	PHONE NUMBER Phone
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**OTHER LEASING COMPANY OR LOAN REFERENCE**

BANK NAME Bank	ACCOUNT NUMBER Account	CONTACT PERSON Contact	PHONE NUMBER Phone
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**BUSINESS TRADE REFERENCE**

BANK NAME Bank	ACCOUNT NUMBER Account	CONTACT PERSON Contact	PHONE NUMBER Phone
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**EQUIPMENT TO BE LEASED AND VENDOR/SUPPLIER INFORMATION**

VENDOR NAME <b>Laser Photonics</b>	CONTACT PERSON Vendor Contact Person	PHONE# <b>571-403-2099</b>
DESCRIPTION Description	QUANTITY Quantity	MODEL # Model
SALES REP Representative	EQUIPMENT COST Equipment Cost	NEW <input type="checkbox"/>
		USED <input type="checkbox"/>
		TERM 36 <input type="checkbox"/>
		48 <input type="checkbox"/>
		60 <input type="checkbox"/>

**AUTHORIZATION**

The following authorization shall apply to this application and subsequently for the purpose of update, renewal, or extension of such credit and for reviewing or collecting the resulting account. A copy of this authorization shall be valid as the original. By signing below, the undersigned individual who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Laser Photonics or its designee authorizing any credit bureau or other investigative agency to investigate the references herein listed or statements or other data obtained pertaining to credit and financial responsibility.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Title \_\_\_\_\_

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact CREDIT OPERATIONS, Laser Photonics, 400 Rinehart Rd suite 1000, Lake Mary FL 32746, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. Tel: 571-403-2099. [www.laserphotonics.com](http://www.laserphotonics.com).