



**GPS CAPITAL, Inc.**

<http://www.GPSCAPITALUSA.com>

**PLEASE FAX TO: 609-654-6989**  
**LEASE APPLICATION**  
 Phone: 609-654-1231, Cell #: 609-234-9302  
 GPS CAPITAL, INC.  
 c/o ED PIETROSKI (EXEC VP & PRINCIPAL)  
 20 Carol Joy Road  
 Medford, NJ 08055

**VENDOR / DEALER INFORMATION**

VENDOR / DEALER		Address	
Phone Number ( ) ( )	Fax Number ( ) ( )	Contact Name	Email

**EQUIPMENT DESCRIPTION**

Itemize Maintenance, Services, Training, Installation, if applicable

Quantity	Manufacturer	Model Number	Description	<input type="checkbox"/> New <input type="checkbox"/> Used	Equipment Cost
				<input type="checkbox"/> New <input type="checkbox"/> Used	
				<input type="checkbox"/> New <input type="checkbox"/> Used	
				<input type="checkbox"/> New <input type="checkbox"/> Used	
Total Equipment Cost					\$

**TERM/LEASE PAYMENT SCHEDULE**

Term (Months)	Security Deposit/Advance Payment (Check One Only) <input type="checkbox"/> Security Deposit(s) \$ _____ <input type="checkbox"/> Advance Payment(s) \$ _____	Lease End Purchase Option <input type="checkbox"/> FMV <input type="checkbox"/> 10% <input type="checkbox"/> \$1 <input type="checkbox"/> Other _____
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**CUSTOMER INFORMATION**

Lessee Name		Lessee Phone Number ( ) ( )	E-mail
Lessee Address	Address	City	County State Zip
Signer Name & Title		Tax ID Number	Nature of Business
Year Started	Style of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> P.C. <input type="checkbox"/> L.L.C.	Annual revenue over \$1 million? <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Monthly Gas and Electric Bill _____ (Optional)

**REFERENCES**

Bank Reference	Account No.
Bank Phone No. ( ) ( )	Bank Contact
Trade Reference	Phone No. ( ) ( )
Account No.	Contact

**PERSONAL INFORMATION ON PARTNERS, PROPRIETORS, OR GUARANTORS**

Name	Name
Title	Social Security No.
Title	Social Security No.
Address	Address
Address	Address
County State Zip	County State Zip
County State Zip	County State Zip

**AUTHORIZATION**

The undersigned individual(s) who is either a Principal, Sole Proprietor, or Personal Guarantor of the Credit Applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the Applicant or in the evaluation of his or her personal guaranty, if applicable, hereby consents to and authorized the use of a consumer credit report on the undersigned individual(s) by the above named business credit grantor, from time to time as may be needed, in the initial credit evaluation and subsequent review processes. I/we stand advised that the Advance Payment or Security Deposit is not refundable unless this application is rejected by Lessor.

Partner, Proprietor or Guarantor <b>X</b>	Partner, Proprietor or Guarantor <b>X</b>
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**NOTICE**

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 call (609) 654-1231 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. NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with the law concerning the creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.