



Lease Application

Credit Processing
 Phone: (800) 796-5504
 Fax: (800) 968-2808

LESSEE	
Name _____	
Address _____	
City/State/Zip _____	
Telephone Number _____	Fax Number _____
Contact Person _____	

SUPPLIER	
Name SPECTRA INTEGRATED SYSTEMS, LLC	
Address 8100G ARROWRIDGE BLVD.	
City/State/Zip CHARLOTTE, NC 28273	
Telephone Number 704-525-7099	Fax Number 704-523-8558
Salesperson _____	

EQUIPMENT DESCRIPTION: (include accessories)		
Equipment Location (if other than above) _____		
Nature of Business _____	Time in Business _____ Years _____ Months	Federal Tax Id # _____
Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government <input type="checkbox"/> Other		
Lease Term _____	Purchase Option <input type="checkbox"/> \$1.00 <input type="checkbox"/> 10%	Equip. Cost \$ _____
Security Deposit(s) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2	OR	Advance Payment(s) <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2
Monthly Payment \$ _____	Plus Tax \$ _____	Total Payment \$ _____

BANKS			
1. Bank Name _____		2. Bank Name _____	
Type of Account _____	Account Number _____	Type of Account _____	Account Number _____
Contact Officer _____	Telephone Number _____	Contact Officer _____	Telephone Number _____

TRADES	
1. Name _____	
Telephone Number _____	
2. Name _____	
Telephone Number _____	
3. Name _____	
Telephone Number _____	
4. Name _____	
Telephone Number _____	

If corporation in business less than three years, or partnership/proprietorship, please provide the following on principals:			
Name _____	Home Address _____	City/State/Zip _____	Social Security Number _____
Name _____	Home Address _____	City/State/Zip _____	Social Security Number _____

SIGNATURE / RELEASE	
It is expressly understood that this constitutes an application only and in itself shall not be binding upon either party. Additionally, I / we authorized Trimble Financial Services or its agent to investigate the banks, savings and loan and trade references listed, and if required by Trimble Financial Services or its agents, to perform personal credit investigations on the corporate principals, partner or proprietor listed above.	
Authorization: _____	Date: _____