

You See Us Everywhere®

| Location: O Southboro, MA O Orange, CT Eagle Leasing Sales Agent: | | | | | | All information provided is kept strictly confidentia | | | | | | |
|---|------------------|------------------|------------|--------------|---------------|---|--------|--------|--------------|-------------------|----------|--|
| | | | : | BUSINESS IN | NFORMATION | N | | | | | | |
| Company Name: | | | | | | | | Phone: | | | | |
| Company Name. | | | | | | | | | Cell: | | | |
| Contact Name: | | | Email: | | | | | | | Fax: | | |
| Billing Address: | | | City: | | | State: | | | | | Zip: | |
| Physical Address (If Different Than Billin | ng Address): | | | | | | | | | | | |
| City: | | | State: | | | | | | Zip: | | | |
| Years in Business: | Number of Employ | ees: | Туре | of Business: | usiness: | | | | A/P Contact: | | | |
| O Sole Proprietorship | | Federal Tax ID # | | | | Phone: | | | | | | |
| PartnershipCorporationLimited Liability Co. (LLC) | | DUNS #: | | | | | | | | PO Required OY ON | | |
| Officer: | | Title: | | | | - | | | phone: | | | |
| Officer: | | Title: | | | | phone | | | hone: | one: | | |
| | | | | BANK RE | FERENCE | | | | | | | |
| Bank: | | | | | | | | Phone: | | | | |
| Address: | | | City: | | | | State: | e: | | | Zip: | |
| Type of Account: | | | Account #: | | | | | | | | | |
| | | | BUSI | NESS/TRAD | DE REFEREN | ICES | | | | | | |
| Company Name: | | | | | Contact Na | me: | | | | | | |
| Address: | | | City: | | Stat | | State: | State: | | | Zip: | |
| Phone: | Phone: Fax: | | | | | Email: | | | | | | |
| | | | - | | | | | | | | | |
| Company Name: | | | | | Contact Name: | | | 7: | | | | |
| Address: | | City: | | State: | | | Zip: | | Zip: | | | |
| Phone: Fax: | | | | | | Email: | | | | | | |
| Company Name: | | | | | Contact Na | me: | | | - | | | |
| Address: | | | City: | | | | State: | | | Zip: | | |
| Phone: Fax: | | | | | | Email: | Email: | | | | <u> </u> | |



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| INSURA | NCE IN | NFORMATION | | | | | | | |
|--|--------|--------------------------------------|--|-------|--|--|--|--|--|
| Company: | Agent | ent Name: | | | | | | | |
| Policy #: | Phone | one: | | | | | | | |
| | | | | | | | | | |
| PRIMARY CONTACT | | | | | | | | | |
| Name: | | Job Title: | | | | | | | |
| Email: | | | | | | | | | |
| Direct Line or Extension: | | Fax (If Applicable): | | | | | | | |
| Cell Phone (If Applicable): | | | | | | | | | |
| | | | | | | | | | |
| EMER | GENCY | Y CONTACT | | | | | | | |
| Name: | | Title: | | | | | | | |
| Email: | | | | | | | | | |
| Direct Line or Extension: | | Fax (If Applicable): | | | | | | | |
| Cell Phone (If Applicable): | | | | | | | | | |
| Address (If Different From Above): | | | | | | | | | |
| City: | | State: | | Zip: | | | | | |
| | | | | | | | | | |
| CREDIT (| CARD I | INFORMATION | | | | | | | |
| Credit Card #: | | Expiration Date: | | | | | | | |
| Name on Card: | | CSV: (3 digit code on back of card): | | | | | | | |
| | | | | | | | | | |
| All invoices are to be paid 20 days from the date of the invoice. These terms are preprinted on all Eagle Leasing invoices. If an account becomes delinquent customer agrees to pay any and all costs of collection including attorneys fees and court costs. Eagle Leasing will charge a service fee for returned checks. The undersigned hereby authorizes the above named bank, trade and/or other credit references to release such information as is necessary to establish credit with The Eagle Leasing Company. The information contained in this application is provided for the purpose of obtaining or maintaining credit with you. The undersigned understands that we are relying on the information provided herein in deciding to grant or continue credit. The undersigned represents and warrants that the information provided is true and complete and that we may consider it as continuing to be true and correct until a written notice of change is given to us by the undersigned. We are authorized to make all inquiries we deem necessary including but not limited to pulling consumer credit reports on any owners or principals of the company in order to verify the accuracy of the statements made herein to determine creditworthiness. Cardholder hereby acknowledges his/her obligations that have arisen or may arise in connection with equipment leased from Eagle Leasing and authorizes Eagle Leasing Company to charge ALL RECURRING and NON-RECURRING charges arising from such equipment rental to the card listed above. All charges arising from such equipment rental will continue on an on-going basis until such time as the Cardholder notifies Eagle Leasing Company in writing. Note: It is understood by signing this application I am acknowledging and accepting that a service charge will be added to past-due invoices each month in the amount of 1.5%. | | | | | | | | | |
| | | | | | | | | | |
| | SIGNAT | TURE | | | | | | | |
| Name: Title: | | | | Date: | | | | | |