

Commercial Lease Application



1600 DISTRICT AVENUE, SUITE #200, BURLINGTON, MA 01803

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WWW.TIMEPAYMENT.COM

DEALER NAME (Equipment Supplier)	DEALER CODE
DEALER REFERENCE #	

* = denotes required fields

LESSEE INFORMATION (Equipment User)

* LEGAL BUSINESS NAME _____

DBA NAME _____

* STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

BUSINESS PHONE _____ * YEARS IN BUSINESS _____

FEDERAL ID NUMBER _____ (required for business alone)

*TYPE OF BUSINESS:

CORPORATION LIMITED LIABILITY COMPANY PROPRIETORSHIP PARTNERSHIP

BILLING ADDRESS (if different):

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

INITIAL FUNDING INFORMATION

*EQUIPMENT TYPE:

*FILL IN ONE OF THE FOLLOWING FIELDS:

BASE MONTHLY PAYMENT: \$ _____ FOR _____ MONTHS (TERM)

OR TOTAL FUNDED AMOUNT: \$ _____

DEALER INFORMATION (Equipment Provider)

DEALER OFFICE: _____

SALESPERSON: _____

*GUARANTOR INFORMATION (Include all owners to account for 100% of company ownership unless Business Alone)

GUARANTOR INFORMATION 1		OWNERSHIP %: _____
SIGNER #1 NAME _____	STREET ADDRESS _____	
SS # _____ DATE OF BIRTH _____	CITY _____ STATE _____ ZIP _____	
TITLE _____ EMAIL ADDRESS _____	HOME PHONE _____ CELL PHONE _____	
GUARANTOR INFORMATION 2		OWNERSHIP %: _____
SIGNER #1 NAME _____	STREET ADDRESS _____	
SS # _____ DATE OF BIRTH _____	CITY _____ STATE _____ ZIP _____	
TITLE _____ EMAIL ADDRESS _____	HOME PHONE _____ CELL PHONE _____	

By signing below, I represent I am applying for this Lease for this Equipment which will be used for business and/or commercial purposes and agree this shall not be construed as a consumer contract. I further certify the information provided in this application is true and accurate in all respects. I agree TimePayment Corp., its authorized affiliates, assigns and agents may retain this application whether or not the Lease is approved. I expressly consent and authorize TimePayment Corp., and its affiliates, assigns, and agents to share and use all information to contact me using any means of communication, including but not limited to, calls placed to my home, business, or cellular telephone using an automatic dialer device, calls using prerecorded messages and/or SMS text messages, and emails regarding promotions, product offerings, and other marketing materials about TimePayment Corp. and our affiliates or assigns. I expressly consent and authorize TimePayment Corp., and its affiliates and assigns to check my credit and employment history for the purposes of determining my credit worthiness at the time of application, and thereafter in connection with the same transaction or extension of credit, or for other promotional opportunities and for the further purpose of reviewing the account, taking collection activity on the account and skip tracing. TimePayment Corp., and its authorized affiliates and assigns are authorized to provide account history information to others about my credit standing and credit experience with me, including but not limited to credit bureaus, other companies, outside collection agencies and outside attorneys.

*APPLICANT #1

Authorized Signature _____

Print Name _____

Date _____

APPLICANT #2

Authorized Signature _____
(if applicable)

Print Name _____

Date _____