Belmont Financial Services

Consumer Financing Application

10242N.W. 47th St. Ste 15, Sunrise, FL 33351
954-741-8316, 954-741-8443(fax) Toll Free 877-391-8316, 877-391-8443(fax)

LESSEE NAME AND ADDRESS	**VENDOR NAME AND ADDRESS**
Name: Address: City, St., Zip Phone: Fax: Email address:	Name: Address: City, St. Zip Phone ( ) Fax ( ) Contact Person:

EQUIPMENT

Description of equipment: Total Price without Tax $ Lease Term (Months)

DATA Guarantor #1 Do you own your own home yes: no:		Years at residence	Percent owner
Guarantor #2 \Do you own your own home yes: no:		Years at residence:	Percent owner:
Guarantor #1:	Address, City, State, Zip		
Employer:	Title	Soc. Sec. No.	Home Phone
Guarantor #2:	Address, City, State, Zip		
Employer:	Title	Soc. Sec. No.	Home Phone

BANK REFERENCES (Prior Bank required if less than two year history) ONLY BUSINESS CHECKING AND/OR LOAN ACCOUNTS

(1) Bank Name	Address	Phone ( )
Bank Officer	Account Nos./Type (list checking and/or loan account)	
(2) Bank Name (Prior Bank)	Address	Phone ( )
Bank Officer	Account Nos./Type (list checking and/or loan account)	

References:	Name	Address	Phone	E Mail

Signature- Please read carefully-

USA Patriot Act- Customer Identification Program Section 326
U.S. Federal Law requires us to verify that the customers are who they are. We must obtain, verify and record information that identifies each person or entity that opens an account. As a result, we ask for a customers name, address, date of birth, tax identification number---for individuals, a Social security number. We are **required** to ask to see other identifying documents that will allow us to identify you and verify your account such as a drivers license or passport. We appreciate your cooperation.

Credit Information Release

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes Belmont Financial, its designee, assigns or potential assigns, to review his or her personal credit profile provided by national credit bureaus in considering this application and for the purpose of the update, renewal, or extension of credit to the applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

Customer Authorized Signature: **X**_____ Date _____

Second Guarantor Signature: **X** _____ Date:_____