

DENTAL LAB LEASE APPLICATION

Contact: ASCENTE FINANCIAL, INC.

PO Box 866; 360 East Avenue North, Suite 700

Ketchum, ID 83340

Phone 208-726-3331 Toll Free 800-743-5926 FAX 208-726-4878 e-Mail Address *info@ascente.us*

B U S I N E S S	BUSINESS NAME/LESSEE			TELEPHONE		
	ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	FAX NUMBER
	TYPE OF BUSINESS			Date Business Established		FED. TAX NO.
	LOCATION OF EQUIPMENT (STREET)			(CITY)	(STATE)	(ZIP CODE)

O W N E R S H I P	Business Structure <u> </u> Corporation <u> </u> Partnership <u> </u> Proprietorship <u> </u> L.L.C.						
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	DRIVER'S LIC. NO.
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	DRIVER'S LIC. NO.
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	DRIVER'S LIC. NO.
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	DRIVER'S LIC. NO.

B A N K S	BANK NAME	BRANCH	TELEPHONE	FAX
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	BANK OFFICER NAME	
	BANK NAME	BRANCH	TELEPHONE	FAX
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	BANK OFFICER NAME	

T R A D E S	COMPANY NAME	ACCOUNT NO.	TELEPHONE NO.	CONTACT PERSON

E Q U I P M E N T	VENDOR NAME			CONTACT		
	ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	TELEPHONE
	EQUIPMENT TO BE LEASED (Attach List)					
	COST OF EQUIPMENT \$	TERMS OF LEASE	RATE / MO. PAYMENT		DEPOSIT REC'D \$	

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal of extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/We affirm my/our identity as the respective individual(s) identified in the above application.

I hereby authorize Ascente Financial or any credit bureau or other investigative agency employed by Ascente Financial to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility.	X	_____	_____
		SIGNATURE/TITLE	DATE
	X	_____	_____
		SIGNATURE/TITLE	DATE