



THE ADAM GROUP

EQUIPMENT LEASE APPLICATION

FAX BACK TO THE ADAM GROUP 856-662-0560 • EMAIL MARC SPIVEY AT marc@adamindustrial.com

COMPANY NAME EXACT LEGAL NAME	TELEPHONE NUMBER	FAX NUMBER	
ADDRESS	CITY	STATE	ZIP/COUNTY
YEARS IN BUSINESS	SOLE PROP./ PARTNERSHIP / CORPORATION	DATE OF INC.	
NATURE OF BUSINESS	EMAIL ADDRESS	CELL PHONE#	
COMPANY BANK NAME	TEL. NUMBER / CONTACT	ACCOUNT NUMBER	
LEASE / LOAN REFERENCE	TEL. NUMBER / CONTACT	CONTACT PERSON	
TRADE REFERENCES (SUPPLIERS)	TEL. NUMBER	CONTACT PERSON	
TRADE REFERENCES (SUPPLIERS)	TEL. NUMBER	CONTACT PERSON	

PRINCIPAL INFORMATION (ON OFFICERS, PARTNETS OR GUARANTORS)

NAME	TITLE	SOCIAL SECURITY #	% OWNERSHIP
NAME	TITLE	SOCIAL SECURITY #	% OWNERSHIP

EQUIPMENT DESCRIPTION & COST :

EQUIPMENT DESCRIPTION	EQUIPMENT COST	
VENDOR	CONTACT PERSON	PHONE NUMBER

Applicant warrants that all the information provided to the Lessor is true and correct, and authorizes The Adam Group and / or its affiliates to investigate credit worthiness as may be needed. The undersigned authorizes all banking institutions, credit reporting agencies, trade reference and its agents to release all necessary information via telephone, mail or facsimile as requested, for the purpose of securing a lease.

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CUSTOMER SIGNATURE (REQUIRED)	PRINT NAME	DATE
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THE ADAM GROUP
PO BOX 1960
CHERRY HILL NJ, 08034
Toll Free 1-866-923 ADAM (2326) Fax 856-665-0560