

Verification Form

Tele: (877) 922 1622

Attn: Collin Obringer

Fax: (866) 818 4280

COMPANY INFORMATION

COMPANY'S EXACT REGISTERED NAME INCLUDING ANY D.B.A

MAILING ADDRESS _____ CITY _____ COUNTY _____ STATE _____ ZIP _____

Date of Incorporation/ Yrs. Under Present Ownership _____ Contact Person _____ Phone # _____ Fax # _____

NATURE OF OPERATIONS: _____ SIC CODE: _____

BUSINESS TYPE (CHECK ONE): CORP. PROP. PRSHP NON-PROFIT

INFORMATION ON ALL OFFICERS OR PARTNERS OF THE BUSINESS

OFFICER'S NAME: _____ S.S #: _____ TITLE : _____ OWNERSHIP %: _____

ADDRESS: _____

HOME PHONE #: _____ CELL PHONE#: _____ E-MAIL: _____

OFFICER'S NAME: _____ S.S #: _____ TITLE : _____ OWNERSHIP %: _____

ADDRESS: _____

HOME PHONE #: _____ CELL PHONE#: _____ E-MAIL: _____

EQUIPMENT INFORMATION

Total price without tax:\$ _____ Requested lease terms (months): _____ Description: _____

Vendor Name & Telephone: _____

BANK INFORMATION

BANK NAME : _____ AUTHORIZED CONTACT: _____ PHONE # : _____

CHECKING SAVINGS LOAN DATE OPEN : _____ ACCT #: _____

BANK NAME : _____ AUTHORIZED CONTACT: _____ PHONE # : _____

CHECKING SAVINGS LOAN DATE OPEN : _____ ACCT #: _____

LEASE / TRADE REFERENCES

NAME : _____ CONTACT/ACCT #: _____ PHONE #: _____

NAME : _____ CONTACT/ACCT #: _____ PHONE #: _____

NAME : _____ CONTACT/ACCT #: _____ PHONE #: _____

EQUAL CREDIT OPPORTUNITY ACT NOTICE: If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial, to obtain this statement, please contact our Chief Credit Officer, 2606 South Federal Highway, Fort Lauderdale, FL 33316 within 60 days from the date you are notified of our decision. We will send a written statement of the reasons for denial within 30 days of receiving your request for the statement. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the consumer credit protection act. The federal agency that administers compliance with this law concerning this creditor is the federal trade commission, equal credit opportunity, Washington, DC 20580.

The undersigned certifies that the information requested above is accurate. The lessee named above, its owners and principals, and all individuals whose names appear on the application expressly authorize consumer reporting agencies and other persons to furnish credit information to Performance Capital Corporation, separately or jointly with other creditors or lessors, for use in connection with this Agreement, Lessors and joint users of such information are authorized to receive and exchange credit information and to update such information as appropriate during the term of this Agreement. Information about you may be used for marketing and administrative purposes and shared with our affiliates. However, you may direct us not to share with our affiliates certain information (other than transaction or experience information) about you by writing to us at Performance Capital Corporation, Attn: Vice President, Operations, 2606 South Federal Highway, Fort Lauderdale, FL 33316. (Please include your social security number).

All lease applications and agreements are subject to approval by Performance Capital Corporation. I/We hereby authorize Performance Capital Corporation to investigate my/our past and present business relationships, banking relationships (personal and business) and creditworthiness and, should I be asked, I will provide financial statements, tax returns or other information necessary to approve this application. I warrant and agree that in the above information, after due independent inquiry, is complete and accurate.

Signature: _____ **Title:** _____ **Date:** _____