

**Eco-Safe Systems USA, Inc.**  
 19528 Ventura Blvd, Suite 159  
 Tarzana, California 91356  
 Tel:(818)613-6335

**Equipment Lease  
 Application**

**Fax Completed Application  
 To: 818-255-3955**

Date \_\_\_\_\_

**LESSEE (Complete legal name of entity. If corporation, use EXACT registered corporate name.)**

<b>Company</b> x		<b>DBA</b> x	
<b>Billing Address</b> x		<b>City</b>	<b>County</b>
<b>Telephone No.</b> x	<b>Contact Person</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	<b>Title</b>
<b>Nature of Business</b> x	<b>Type of Business:</b> <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corp (Registered in State of _____) x	<b>Fed. Tax ID #</b>	
		<b>No. Years in Business (present ownership)</b> x	

**PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS**

<b>Name</b> x	<b>Title</b> x	<b>% Ownership</b> x	<b>D O Birth</b> x	<b>Social Security No.</b> x
<b>Home Address</b>	<b>Homeowner?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Home Phone No.</b>				

  

<b>Name</b>	<b>Title</b>	<b>% Ownership</b>	<b>D O Birth</b>	<b>Social Security No.</b>
<b>Home Address</b>	<b>Homeowner?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Home Phone No.</b>				

**TRADE AND/OR LEASE REFERENCES – TWO YEAR HISTORY**

<b>Name of Supplier</b>	<b>City/State</b>	<b>Telephone No.</b>	<b>Contact Person</b>
<b>Name of Supplier</b>	<b>City/State</b>	<b>Telephone No.</b>	<b>Contact Person</b>
<b>COMPANY BANK REFERENCES – TWO YEAR HISTORY</b>	<b>Checking Acct. #</b>	<b>Telephone No</b>	<b>Contact Officer</b>
	checking Acct. #	Telephone No.	
<b>Name of Bank/Branch</b>	<b>City/State</b>	<b>Loan Acct. #</b>	
<b>Name of Bank/Branch</b>	<b>City/State</b>	<b>Loan Acct. #</b>	<b>Telephone No.</b>
			<b>Contact Officer</b>

**EQUIPMENT TO BE LEASED (Attach separate list if necessary.)**

<b>Description (include make, model.)</b>	<b>Equipment Cost</b>
<b>Location Equipment is to be Installed at:</b>	
	<b>Yrs. Co. At this location</b>

**VENDOR INFORMATION**

<b>Vendor's Name</b> Eco Safe USA, Inc.			
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**PAYMENT PLAN**

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**INSURANCE CARRIER**

<b>Agent Name</b>	<b>Policy #</b>	<b>Phone #</b>	<b>Fax #</b>
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**ACKNOWLEDGEMENT AND AUTHORIZATION**

By signing below, each undersigned person, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Eco Safe USA, Inc. (or its designee, service providers or assignee thereof) authorizing review of their personal credit file from a national credit bureau, as well as bank and trade information. Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photo-stat or fax copy of this authorization shall be valid as the original.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ By: X \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_ By: X \_\_\_\_\_  
 (mm / dd / yyyy) (mm / dd / yyyy)