



LESEE	Correct Business Name: _____	SUPPLIER	Name: <u>Custom Canopy</u>
	Address: _____		Address: <u>20 Lane 325 Lake James A-3</u>
	City: _____ State: _____ Zip: _____		City: <u>Angola</u> State: <u>IN</u> Zip: <u>46703</u>
	Phone: _____ Fax: _____		Phone: <u>800/831-1232</u> Fax: <u>260/833-1152</u>
	Contact: _____ Title: _____		Salesperson: <u>Frank Baade</u>

Quantity	Cost	DESCRIPTION OF EQUIPMENT (MODEL #, SERIAL #, ETC.)	TAX ID# _____
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Equipment Location (if other than above)	Nature of Business	Years in Business				
<p>PATRIOT ACT FEDERAL LAW REQUIRES ALL FINANCIAL INSTITUTIONS OBTAIN, VERIFY, AND RECORD INFORMATION THAT IDENTIFIES EACH PERSON THAT OPENS AN ACCOUNT TO ASSIST THE GOVERNMENT FIGHT AGAINST THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES. YOU MUST SUPPLY A COPY OF YOUR DRIVER'S LICENSE OR OTHER IDENTIFYING DOCUMENTS WHEN SIGNING A LEASE CONTRACT.</p>		<table border="1"> <tr> <td>Corporation</td> <td>Proprietorship</td> </tr> <tr> <td>Corporate Type</td> <td>Partnership</td> </tr> </table>	Corporation	Proprietorship	Corporate Type	Partnership
Corporation	Proprietorship					
Corporate Type	Partnership					

CREDIT INFORMATION

BANK REFERENCES Bank: _____ Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/> Account #: _____ Contact: _____ Phone: _____	Bank: _____ Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/> Account #: _____ Contact: _____ Phone: _____
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TRADE REFERENCES 1. Name: _____ Phone: _____ 2. Name: _____ Phone: _____	3. Name: _____ Phone: _____ 4. Name: _____ Phone: _____
(Do NOT include Credit Cards, Utility Companies, or Non-Business References)	

Please Provide the following information on principals:

Name	Home Address	City/State/Zip	Name	Home Address	City/State/Zip		
Social Security #	Home Ph #	Title	% Ownership	Social Security #	Home Ph #	Title	% Ownership

NOTE: On deals over \$50,000 please provide Balance Sheet & Income Statements for last two (2) fiscal years and any interim periods

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes Midwest Leasing Group, its designee, assigns or potential assigns, to obtain further information concerning my credit standing from any references listed herein, or any other person or organization, and to review his/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.

X	X	Date: _____
(Principal)	(Principal)	
(Print Name)	(Print Name)	

Please fax back to Spencer Rife at: 734/266-2101