

TECH APPLICATION

UniSource Capital

327 Dahlonega Street, Suite 603A
Cumming, Georgia 30040
770-205-6830 • Fax 770-205-0831
800-404-6792

Store _____ Store Sales _____

Sales Rep Address _____

Sales Rep Cell _____ Office Phone _____

Email Address _____

Lease Authorization Number _____

Vendor Code _____

1st Applicant's Full Name _____ Phone _____

Street Address _____ Date of Birth _____

City _____ State _____ Zip _____ Social Security # _____

Email Address _____ Cell Phone _____

Mailing Address (if not same) _____

Landlord Name & Address _____

Landlord Phone _____ How Long There? _____ Years _____ Months Own Rent

2nd Applicant's Full Name _____ Phone _____

Street Address _____ Date of Birth _____

City _____ State _____ Zip _____ Social Security # _____

Email Address _____ Cell Phone _____

Mailing Address (if not same) _____

Landlord Name & Address _____

Landlord Phone _____ How Long There? _____ Years _____ Months Own Rent

Brand and Model # _____ Equipment Description _____

New Used Reconditioned Total Cost without tax _____

The undersigned applies for the Lease Indicated in this application. Everything stated in this application is correct. UniSource Capital may retain the application whether or not the Lease is approved. UniSource Capital and its Authorized Affiliates are authorized to check my credit for the purpose of determining my credit worthiness at the time of my application or thereafter in connection with the same transaction or extension of credit and for the purpose of reviewing the account, taking collection activity on the account, and skip tracing. UniSource Capital and its Authorized Affiliates are authorized to provide history information to others about my credit standing and your credit experience with me, including but not limited to credit bureaus, other companies, outside collection agencies and outside attorneys.

X _____
Signature 1st Applicant _____ Print Name _____ Date _____

X _____
Signature 2nd Applicant _____ Print Name _____ Date _____