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COMPLETE LEGAL COMPANY NAME Company				D.BA NAME (n applicable); DBA			
BILLING ADDRESS Billing Address				CITY City	STATE State	ZIP Zip	
PHYSICAL ADDRESS Physical Address				CITY City	STATE State	ZIP Zip	
EQUIPMENT LOCATION (n different than physical address of business; Equipment Address				CITY City	STATE State	ZIP Zip.	
COUNTY County	BUSINESS PHONE # Business Phone			BUSINESS FAX # Fax		CONTACT CELL # Cell	
NATURE OF BUSINESS Type of Business				SOLE PROPRIETOR <input type="checkbox"/>	CORPORATION <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	LLC <input type="checkbox"/>
FEDERAL ID# Fed ID#		BUSINESS START DATE Business Start		CURRENT OWNERSHIP in yrs Owner Tenure		E-MAIL Email	

OFFICERS/OWNERS/PARTNERS/MEMBERS GUARANTOR INFORMATION

NAME #1 Name			NAME #2 Name			NAME #3 Name		
TITLE Title	% OWNED %		TITLE Title	% OWNED %		TITLE Title	% OWNED %	
SOCIAL SECURITY NUMBER SS#			SOCIAL SECURITY NUMBER SS#			SOCIAL SECURITY NUMBER SS#		
HOME PHONE # Home Phone			HOME PHONE # Home Phone			HOME PHONE // Home Phone		
STREET Address			STREET Address			STREET Address		
CITY City	ST ST	ZIP Zip	CITY City	ST ST	ZIP Zip	CITY City	ST ST	ZIP Zip

BUSINESS CHECKING ACCOUNT REFERENCE

BANK NAME Bank	ACCOUNT NUMBER Account	CONTACT PERSON Contact	PHONE NUMBER Phone
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OTHER LEASING COMPANY OR LOAN REFERENCE

BANK NAME Bank	ACCOUNT NUMBER Account	CONTACT PERSON Contact	PHONE NUMBER Phone
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BUSINESS TRADE REFERENCE

BANK NAME Bank	ACCOUNT NUMBER Account	CONTACT PERSON Contact	PHONE NUMBER Phone
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EQUIPMENT TO BE LEASED AND VENDOR/SUPPLIER INFORMATION

VENDOR NAME Vendor		CONTACT PERSON		PHONE# Vendor Phone		
DESCRIPTION Description		QUANTITY Quantity	MODEL # Compact	NEW <input type="checkbox"/>	USED <input type="checkbox"/>	
SALES REP Representative		EQUIPMENT COST Equipment Cost		TERM 36 <input type="checkbox"/>		
				48 <input type="checkbox"/>		
				60 <input type="checkbox"/>		

AUTHORIZATION

The following authorization shall apply to this application and subsequently for the purpose of update, renewal, or extension of such credit and for reviewing or collecting the resulting account. A copy of this authorization shall be valid as the original. By signing below, the undersigned individual who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Fonon Technologies, Inc. or its designee authorizing any credit bureau or other investigative agency to investigate the references herein listed or statements or other data obtained pertaining to credit and financial responsibility.

Signature _____ Date _____ Date _____ Print Name _____ Name _____ Title _____ Title _____

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 the statement, please contact CREDIT OPERATIONS, Fonon Technologies, Inc. 1101 N. Keller Rd., Ste. G, Orlando, FL 32810, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. Tel: 844-44LASER. www.laserphotonics.com