



MMD Financial, LLC
 Equipment Leasing & Funding
 www.MMDFinancialLLC.com
EQUIPMENT LEASE APPLICATION

Tel: (855) 320-0648

Complete and Fax to: (973)794-3349

VENDOR INFORMATION

Vendor Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Tel No.: () _____ Fax No.: () _____ Contact: _____

EQUIPMENT INFORMATION

Description: _____ Equip. Cost: _____
 () New () Used Lease Term: _____ Buyout: () FMV () 10% () \$1 () Other: _____

LESSEE INFORMATION

Full Legal Name: _____ DBA: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Years In Bus.: _____ No. of Employees.: _____ Contact Person: _____ Title: _____
 Nature of Business: _____ Telephone: _____ Fax No. _____
 Business Type: () Corp. () Prop. () Partner () Non-Profit () LLC Tax ID # _____

PERSONAL INFORMATION

Officer: _____ Social Security #: _____ Title: _____
 Address: _____ City: _____ State: _____ Zip: _____ Home Tel: _____
 Officer: _____ Social Security #: _____ Title: _____
 Address: _____ City: _____ State: _____ Zip: _____ Home Tel: _____

TRADE REFERENCES

Name: _____ Telephone #: () _____ Contact: _____
 Name: _____ Telephone #: () _____ Contact: _____

BANK INFORMATION

(Two Year History)

Bank Name: _____ () Checking () Savings () Loan
 Telephone: () _____ Contact Name: _____ Acct. #: _____
 Bank Name: _____ () Checking () Savings () Loan
 Telephone: () _____ Contact Name: _____ Acct. #: _____

BY SIGNING THIS APPLICATION, EACH UNDERSIGNED INDIVIDUAL(S), WHO IS EITHER A PRINCIPAL OF THE CREDIT APPLICANT LISTED ABOVE OR A PERSONAL GUARANTOR OF ITS OBLIGATIONS, PROVIDES AUTHORIZATION TO MMD GROUP,LLC OR ITS DESIGNEE (AND ANY ASSIGNEE OR POTENTIAL ASSIGNEE, LEASING PARTNERS OR FUNDING SOURCES, THEREOF) AUTHORIZING REVIEW OF HIS OR HER PERSONAL CREDIT PROFILE FROM A NATIONAL CREDIT BUREAU. SUCH AUTHORIZATION SHALL EXTEND TO OBTAINING A CREDIT PROFILE IN CONSIDERING THE APPLICATION OF THE CREDIT APPLICANT AND SUBSEQUENTLY FOR THE PURPOSE OF UPDATE, RENEWAL OR EXTENSION OF SUCH CREDIT AND FOR REVIEWING OR COLLECTING THE RESULTING ACCOUNT. A COPY, ELECTRONIC RECORD, OR FACSIMILE COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

_____	_____	_____
DATE	SIGNATURE	TITLE
_____	_____	_____
DATE	SIGNATURE	TITLE