



www.copyprintscansolutions.com

CREDIT APPLICATION

Copy Print Scan Solutions
1395 Brickell Avenue
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305-200-8740
info@copyprintscansolutions.com

LESSEE INFORMATION

Business Name: _____

Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Website: _____ Tax ID#: _____

Years in business: _____ Nature of business: _____

State of incorporation: _____ Business type: Corporation Limited Liability Other _____

OWNERS/PARTNERS/GUARANTORS

Name: _____ Social Security#: _____

Home address: _____ City: _____

State: _____ Zip: _____ Date of birth: _____

Ownership %: _____ Title: _____

BANK INFORMATION

Name of Bank: _____ Bank officer: _____

Phone: _____ Checking Account#: _____

Name of Bank: _____ Bank officer: _____

Phone: _____ Checking Account#: _____

TRADE REFERENCES

Name of supplier: _____ Contact: _____

Address: _____ Phone: _____

EQUIPMENT LEASED

Make: _____ Model: _____ New Used

Equipment to be delivered to: _____

Montly lease payment: _____ Term: _____ Purchase option: _____

The person (s) supplying the above information certifies to Copy Print Scan Solutions that is true and correct. The owners/partners/guarantors recognize that their individual credit histories may be a factor in the evaluation of the lease applicant and, thus, authorized Copy Print Scan Solutions and its affiliates to to investigate their personal credit ststus.

PRINTED NAME

SIGNATURE

DATE