



www.goVOCON.com

EMAIL or FAX APPLICATION

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FAX 1-866-570-5444

QUESTIONS? 1-800-847-3539

| COMPANY INFORMATION                        |               |      |      |                                       |       |                     |               |                 |               |
|--|---------------|------|------|---------------------------------------|-------|---------------------|---------------|-----------------|---------------|
| LEGAL COMPANY NAME:                        |               |      |      |                                       |       | PHONE:              |               | CONTACT PERSON: |               |
| WEBSITE ADDRESS:                           |               |      |      | EMAIL:                                |       | FAX:                |               | CELL PHONE:     |               |
| BUSINESS STREET ADDRESS:                   |               |      |      |                                       | CITY: |                     | STATE:        | ZIP:            |               |
| CORP                                       | LLC           | PART | PROP | FED. TAX ID #:                        |       | NATURE OF BUSINESS: |               |                 | YEAR STARTED: |
| PRINCIPALS (S) / OFFICERS (S) INFORMATION  |               |      |      |                                       |       |                     |               |                 |               |
| PRINCIPAL / OWNER (1) FULL NAME:           |               |      |      |                                       |       | COMPANY TITLE:      |               |                 |               |
| SOCIAL SECURITY NUMBER:                    |               |      |      | DATE OF BIRTH:                        |       | HOME PHONE NUMBER:  |               |                 |               |
| HOME STREET ADDRESS:                       |               |      |      |                                       | CITY: |                     | STATE:        | ZIP CODE:       |               |
| PRINCIPAL / OWNER (2) FULL NAME:           |               |      |      |                                       |       | COMPANY TITLE:      |               |                 |               |
| SOCIAL SECURITY NUMBER:                    |               |      |      | DATE OF BIRTH:                        |       | HOME PHONE NUMBER:  |               |                 |               |
| HOME STREET ADDRESS:                       |               |      |      |                                       | CITY: |                     | STATE:        | ZIP CODE:       |               |
| BUSINESS BANK REFERENCE                    |               |      |      |                                       |       |                     |               |                 |               |
| BUSINESS BANK NAME:                        |               |      |      | ACCOUNT #:                            |       | PHONE:              |               | CONTACT:        |               |
| LOAN or LEASE REFERENCE (S)                |               |      |      |                                       |       |                     |               |                 |               |
| LEASE OR LOAN REFERENCE NAME (1):          |               |      |      | ACCOUNT #:                            |       | PHONE:              |               | CONTACT:        |               |
| LEASE OR LOAN REFERENCE NAME (2):          |               |      |      | ACCOUNT #:                            |       | PHONE:              |               | CONTACT:        |               |
| TRADE REFERENCE (S)                        |               |      |      |                                       |       |                     |               |                 |               |
| TRADE REFERENCE NAME (1):                  |               |      |      | ACCOUNT # OR CONTACT PERSON:          |       |                     |               | PHONE:          |               |
| TRADE REFERENCE NAME (2):                  |               |      |      | ACCOUNT # OR CONTACT PERSON:          |       |                     |               | PHONE:          |               |
| DEALER INFORMATION & EQUIPMENT DESCRIPTION |               |      |      |                                       |       |                     |               |                 |               |
| DEALER NAME:                               |               |      |      | FULL ADDRESS:                         |       |                     | SALES PERSON: |                 | PHONE:        |
| YEAR:                                      | MAKE & MODEL: |      |      | EQUIPMENT DESCRIPTION / MILES/ HOURS: |       |                     |               | COST \$:        |               |

PRIMARY APPLICANT SIGNATURE \_\_\_\_\_ CO-APPLICANT SIGNATURE \_\_\_\_\_

By signing this form I/We hereby agree and give authorization to Flex Lease Financial, its agents and/or assign's to investigate my/our credit worthiness, payment history from the information I/We supplied on this credit application. I/We give permission to any credit agency, bank institution or creditor to release any/all information as it pertains to my/our account(s).