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Michael Sullivan / Michelle Sepede
FAX THIS APPLICATION TO: 630-599-0276 or Toll Free 866-533-3749

Client Profile

COMPLETE LEGAL BUSINESS NAME / (DBA)	DATE
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SOLE PROPRIETOR PARTNERSHIP CORPORATION LLC

BUSINESS ADDRESS - INCLUDING COUNTY

MAIN CONTACT	PHONE NUMBER	FAX NUMBER
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** (EQUIPMENT LOCATION)	FEDERAL TAX ID #	TYPE OF BUSINESS	YEARS IN BUSINESS Incorporation Date
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EMAIL ADDRESS:	WEB SITE:
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PRINCIPAL/OFFICER/PARTNER	SOCIAL SECURITY #	TITLE/% OWNED Should = 100%	HOME ADDRESS & TELEPHONE NUMBER

BANK/MONEY MARKET ACCOUNTS	ACCOUNT #	TELEPHONE/FAX #'s Please - Thanks	OFFICER TO CONTACT
BUSINESS			
BUSINESS			
BUSINESS/PERSONAL			

TRADE REFERENCES	ACCOUNT #/ TELEPHONE/ CONTACT

EQUIPMENT (PLEASE ATTACH DETAILED LIST OF EQUIPMENT)			
SUPPLIER	ADDRESS	PHONE/FAX	CONTACT
TYPE OF EQUIPMENT	NEW/USED	COST OF EQUIPMENT	
LEASE TERM 12,24,36,48,60 month For \$3,000 or less – max 36 mo.		LEASE PAYMENT-for Millennium use only	

END OF TERM OPTION \$1.00 10% FMV OTHER _____

By signing below, as either the principal of the credit applicant or a personal guarantor of its obligations, I authorize you to obtain such information as you may require concerning the statements made in this application, and agree that the application shall remain our property, whether or not credit is granted. I also agree that all information regarding the account, including personal credit may be reviewed by a credit bureau and or our assigns. Such authorization shall be used to obtain a credit profile for this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. I affirm that I have carefully read each of the answers given to the forgoing questions and agree that they are correct.

X _____ **X** _____ DATE _____