

<b>CUSTOMER INFORMATION APPLICANT #1</b>		
FIRST NAME & MIDDLE INITIAL		
LAST NAME		
STREET ADDRESS		
CITY	STATE	ZIP
MAILING ADDRESS		
CITY	STATE	ZIP
HOW LONG AT CURRENT ADDRESS?	DO YOU?	<input type="checkbox"/> RENT <input type="checkbox"/> OWN
LANDLORD NAME		
LANDLORD TELEPHONE		
SOCIAL SECURITY #	DATE OF BIRTH	
HOME TELEPHONE		
<b>APPLICANT #2 (IF APPLICABLE)</b>		
FIRST NAME & MIDDLE INITIAL		
LAST NAME		
STREET ADDRESS		
CITY	STATE	ZIP
MAILING ADDRESS		
CITY	STATE	ZIP
HOW LONG AT CURRENT ADDRESS?	DO YOU?	<input type="checkbox"/> RENT <input type="checkbox"/> OWN
LANDLORD NAME		
LANDLORD TELEPHONE		
SOCIAL SECURITY #	DATE OF BIRTH	
HOME TELEPHONE		

LEASE AUTHORIZATION NUMBER							
VENDOR NAME				VENDOR CODE			

<b>EQUIPMENT INFORMATION</b>
MANUFACTURER
GENERAL DESCRIPTION
MODEL
<input type="checkbox"/> NEW <input type="checkbox"/> USED <input type="checkbox"/> RECONDITIONED
APPROXIMATE EQUIPMENT COST

<b>SCHEDULE OF PAYMENTS</b>
BASIC MONTHLY LEASE PAYMENT \$ _____ FOR ____ MONTHS (PLUS TAXES AND TAX PROCESSING FEE AND LOSS OR DESTRUCTION WAIVER, IF APPLICABLE)
PAYABLE AT SIGNING OF THE LEASE \$ _____ (PLUS APPLICABLE TAXES AND TAX PROCESSING FEE TO BE BILLED WITH FIRST MONTHLY INVOICE)

The undersigned applies for the Lease indicated in this application. Everything stated in this application is correct. Mosaic International Corporation may retain the application whether or not the Lease is approved. Mosaic International Corporation and its authorized Affiliates are authorized to check my credit for the purposes of determining my credit worthiness at the time of my application or thereafter in connection with the same transaction or extension of credit and for the further purpose of reviewing the account, taking collection activity on the account, and skip tracing. Mosaic International Corporation and its Authorized Affiliates are authorized to provide history information to others about my credit standing and your credit experience with me, including but not limited to credit bureaus, other companies, outside collection agencies and outside attorneys.	
APPLICANT #1 Authorized Signature (required)	
Print Name	Date
APPLICANT #2 Authorized Signature (if applicable)	
Print Name	Date