



Equipment Lease Application

(PRINT CLEAR AND LEGIBLE)

Fax: 480-751-1070 Email: info@mylightwave.com

VENDOR INFORMATION – COMPLETION REQUIRED BY VENDOR

Vendor Name: LIGHTWAVE - LTW

Address: 1734 W Williams Dr # 10 City: Phoenix State: AZ Zip: 85027

Telephone No.: 480-751-1060 Fax No.: 480-751-1070 Contact: Mike Poling

EQUIPMENT INFORMATION – COMPLETION REQUIRED BY VENDOR

Description: LIGHTWAVE LED Therapy System - Equip. Cost: \$

() New () Used Lease Term: 12-60 months Buyout: () FMV () 10% (X) \$1 () Other: _____

LESSEE INFORMATION – COMPLETION REQUIRED BY LESSEE

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 #: _____

Website: _____ Email: _____

PERSONAL INFORMATION – COMPLETION REQUIRED BY LESSEE

Officer 1: _____ Social Security #: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____ Home Tel: _____ DOB: _____

Personal Residence: _____ OWN _____ RENT Value of Home: _____ Mtg Amount: _____

Officer 2: _____ Social Security #: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____ Home Tel: _____ DOB: _____

Personal Residence: _____ OWN _____ RENT Value of Home: _____ Mtg Amount: _____

TRADE REFERENCES – COMPLETION REQUIRED BY LESSEE

Name: _____ Telephone #: _____ Contact: _____

Name: _____ Telephone #: _____ Contact: _____

Name: _____ Telephone #: _____ Contact: _____

BANK INFORMATION – COMPLETION REQUIRED BY LESSEE

(Two Year History Preferred)

Bank Name: _____ () Checking () Savings () Loan _____

Telephone: _____ Contact Name: _____ Routing#: _____ Acct. #: _____

Bank Name: _____ () Checking () Savings () Loan _____

Telephone: _____ Contact Name: _____ Routing#: _____ Acct. #: _____

By signing below, each undersigned individual(s), who either a principle of the credit applicant listed below, or a personal guarantor of its obligations, provides written instruction to JR Saver, Inc., LTW International and/or its designee (and any assignee or potential assignee 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 purposes of update renewal, or extension of such credit and for reviewing or collecting the resulting account. A photocopy or facsimile copy of this authorization shall be as a valid original. In addition to authorizing review of my/our credit profile from any national credit bureau the undersigned also authorizes my/our financial institutions and creditors to release credit information required by JR Saver, Inc. or its designee (and any assignee or potential assignee thereof).

DATE SIGNATURE TITLE

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