



Lease applicant understands that any lease arrangements that may be established pursuant to this application will be with lenders or leasing companies independent of 3B Medical, Inc.

**BLANKET LEASE APPLICATION**

LESSEE FULL LEGAL COMPANY NAME

LESSEE COMPANY ADDRESS                      CITY                      COUNTY                      STATE                      ZIP

PHONE                      FAX                      CONTACT                      FEDERAL ID #

E-MAIL ADDRESS                      WEB-SITE ADDRESS

EQUIPMENT LOCATION                      CITY                      COUNTY                      STATE                      ZIP  
(IF DIFFERENT THAN ABOVE)

BUSINESS TYPE (Check one)                      TIME IN BUSINESS                      NATURE OF BUSINESS  
CORPORATION  PROPRIETORSHIP  PARTNERSHIP  LIMITED LIABILITY CORPORATION                       Years in Business \_\_\_\_\_

PRINCIPAL(S)                      TITLE                      SOCIAL SECURITY No.                      HOME ADDRESS

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

BANK REFERENCES                      ACCT. No.                      ACCOUNT TYPE                      CONTACT                      PHONE  
*(list all banks used for last 5 years)*

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

TRADE REFERENCE                      ACCT. No.                      ACCOUNT TYPE                      CONTACT                      PHONE

- 1. \_\_\_\_\_

INSURANCE AGENT                      Name, Contact, and Phone No.

EQUIPMENT DESCRIPTION

VENDOR                      PHONE No.                      CONTACT

EQUIPMENT COST                      TERM OF LEASE

**BANK AND TRADE RELEASE**

I HEREBY AUTHORIZE OUR BANK AND TRADE REFERENCES TO RELEASE THE INFORMATION REQUESTED BY 3B MEDICAL, INC AND/OR ITS ASSIGNS OR AGENTS REGARDING OUR COMPANY'S ACCOUNTS WITH YOUR FIRM. I ALSO AUTHORIZE YOU TO OBTAIN PERSONAL CREDIT INFORMATION ON ALL PRINCIPALS AND OR GUARANTORS LISTED ABOVE, FROM ANY REPORTING AGENCY, USED BY 3B MEDICAL, INC AND/OR ITS ASSIGNS OR AGENTS. PLEASE RESPOND TO THEIR TELEPHONE REQUEST OR BY FAX IF YOU NEED WRITTEN PROOF OF THE REQUEST AND OUR RELEASE.

THIS IS YOUR WRITTEN AUTHORIZATION TO RELEASE THE INFORMATION REQUESTED.

BY: \_\_\_\_\_                      DATE: \_\_\_\_\_

BY: \_\_\_\_\_                      DATE: \_\_\_\_\_