Current 🗐

CUSTOMER INFORMATION/CREDIT APPLICATION Fast Application

		Date:	
Business Information	T 15 #	5	
Legal Name:		Phone:	
Office Address:			
City:			
Email:	Contact Name:		
 Beneficial Owners ("UBO") Information: If more room is required, please go to the section SUMMAR An individual, if any, who owns, directly or indirec customer (e.g., each natural person that owns modeling) If ultimate beneficial owner cannot be determined decision making). If neither 1 or 2 apply, please provide the names of 	tly, more than 25 percent of the equity inter- ore than 25 percent of the shares of a corpora based on ownership, please provide the nar	ests or Profit Sharing/Economic interest of thation); or ne of the natural person with effective contro	
	· ·	,	
First Name			
Country of Residence	DOB(MM/DD/YYYY)	Title / Position	
Ownership Type (Select One) □ 1. Ownership,economic interest, voting rights or shares > 25%	% Ownership% 🛛 2. Person who e	xercises effective control 🛛 🗆 3. BODs, Executive	Management
Type of Legal Entity:	□ Corporation □ Part Years of Organization	•	
Owner Name			
(1) Name:		SS#	
(2) Name:		SS#	
Transaction Information:			
Vendor:		Amount Requested: \$	
Address:		Term: □12 □24 □36 □48 □60	0 🗆 72
City: Stat	e: Zip:	Purchase Option: \Box \$1 \Box 10% \Box FI	VIV
Phone: Ven			
You, the "Applicant" (which term includes the above business entity as well family or household purposes. De Lage Landen Financial Services, Inc. and trade standing and other relevant information impacting this Application and consumer credit reports, in connection with the Application, and at Applica which provided it. Provided credit is granted, Lessor may, without further no renewal or extension, and/or (3) in connection with Applicant's exuest for ad regarding the Applicant, Guarantor(s) or Applicant's owners in considering that lessor believes may be of interest to Applicant. Applicant represents that it for the Applicant represents that it for a content of the Applicant represents that it for a content of the Applicant represents that it for a content of the Applicant represents that it for a content of the Applicant represents that it for the Applicant represents the Applicant represents that it for the Applicant represents the Applicant represents that it for the Applicant represents the Applicant represents that it for the Applicant represents the Applicant represents the Applicant represents the Applicant represent the Applicant represents that it for the Applicant represent the Applicant represents the Applicant represent the App	as the undersigned individual(s)), certify to us that Appl /or its assigns ("Lessor"), or its designees, is authorize provide to others information about its transaction and e nt's request, will tell Applicant whether a credit report w tice to Applicant, use or request subsequent credit bure ditional services. Applicant agrees that Lessor may get o the Applicant's Application. Except as otherwise prohibit obtain for, among other things, the purpose of evaluat has reviewed this document and the information herein i	cant is applying for credit for business reasons, and not d to obtain information from others concerning Applicar xperiences with Applicant. Lessor may obtain credit repo as obtained and, if so, the name and address of the repo u reports (1) to update Lessor's information, (2) in com r share credit information with its agents, assignees, and ed by law, Applicant agrees and consents that Lessor m ng credit applications or offering Applicant products or strue, correct and complete.	for personal, it's credit and rts, including orting agency lection with a its designees ay share with services that
THE APPLICANT HAS A RIGHT TO A STATEMENT OF THE SPECIFIC REA PLIANCE DEPARTMENT WITHIN SIXTY (60) DAYS OF RECEIPT OF AN AD WAYNE, PA 19087. WHEN CONTACTING THE DEPARTMENT, PLEASE INCLU WITH A STATEMENT OF THE SPECIFIC REASONS FOR THE ADVERSE AC	SONS IF AN ADVERSE ACTION HAS BEEN TAKEN. TO VERSE ACTION NOTIFICATION. THE DEPARTMENT CA UDE A COPY OF YOUR CREDIT APPLICATION TO ASSIS TION WITHIN THIDTY (30) DAYS AFTER I SECON HAS	REQUEST THIS INFORMATION, CONTACT LESSOR'S N BE REACHED BY WRITING TO 1111 OLD EAGLE SCI T US IN LOCATING YOUR FILE. LESSOR WILL PROVIDE BEFORIVED ADDI IN ANT'S BEAU EST	ECOA COM- HOOL ROAD, E APPLICANT
NOTICE: THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CR ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THE APPLICANT HAS T FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLIC AGENCIES THAT ADMINISTER COMPLIANCE WITH THIS LAW CONCERN D.C. 20006 AND THE FEDERAL TRADE COMMISSION, EQUAL CREDIT OF APPLICANT HEREBY AUTHORIZES LESSOR OR ANY CREDIT BUREAU OR MENTS OR OTHER DATA OBTAINED FROM APPLICANT OR FROM ANY O	EDITORS FROM DISCRIMINATING AGAINST CREDIT A HE CAPACITY TO ENTER INTO A BINDING CONTRACT ANT HAS IN GOOD FAITH EXERCISED ANY RIGHT U JING THIS CREDITOR ARE THE BUREAU OF CONSUM PPORTUNITY, WASHINGTON D.C. 20580.	PPLICANTS ON THE BASIS OF RACE, COLOR, RELIGIOI): BECAUSE ALL OR PART OF THE APPLICANT'S INCO NDER THE CONSUMER CREDIT PROTECTION ACT. TI ER FINANCIAL PROTECTION, 1700 G STREET NW., W	N, NATIONAL ME DERIVES HE FEDERAL ASHINGTON
By signing below, the undersigned represents and agrees that the individuals w consented: (i) to disclose all such personal data to Current Lighting Solutions, I at lesseedirect.com/usprivacy. The Information provided in this form is true, accurate, and complete and any u	hose personal data is provided to Current Lighting Solutic LLC and (ii) for Current Lighting Solutions, LLC to collect,	ns, LLC, on this form and any related credit application or use, and share such personal data in accordance with our p	
PLEASE CHECK: D I HAVE RECEIVED A COPY OF MY LEASE APPLICAT	FION		
CIONATURE.	TITLE:	DATE:	
SIGNATURE:			

Mike Ossolinski 610.316.5695 mossolinski@leasedirect.com

First Name Country of Residence	Middle Initial	Last Name Title / Position	DOB (MM/DD/YYYY)	Ownership Type (Select One) 1. Ownership, economic interest, voting rights or shares > 25% 2. Person who exercises effective control 3. BODs, Executive Management	% Ownership
First Name Country of Residence	Middle Initial	Last Name Title / Position	DOB (MM/DD/YYYY)	Ownership Type (Select One) 1. Ownership, economic interest, voting rights or shares > 25% 2. Person who exercises effective control 3. BODs, Executive Management	% Ownership
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