



Questions? Call Bill Waddell 888-461-7002

bwaddell@adgequipment.com

LESSEE INFORMATION					
Legally Registered Name:		Trade/DBA Name	Primary Contact		
Physical Address – (HQ or Existing Street Address) City, State, Zip Code			Phone Number	Ext.	
Equipment Location – (New, If Moving or Expanding) City, State, Zip Code			Primary Contact Cell Phone		
Type of Business <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non Profit		State of Incorporation	Years in Business _____ Years _____ Months <small>(Minimum 2 Years, Under Current Owner, Or Call For New Business Program Quote)</small>		# of Employees
Do you Own the Equipment Location? (circle one) YES NO	Nature of Business	E-mail Address		Federal ID #	
BUSINESS CHECKING INFORMATION					
Name of Bank:	Phone #:	Contact:	Average Balance: <ul style="list-style-type: none"> It is helpful to send the first page of the past 3 months bank statements 		
PRINCIPAL INFORMATION: NON PROFITS, PUBLIC COMPANIES, & MUNICIPALITIES MAY LEAVE BLANK					
Principal First Name		Last Name	Home Address (Street Address, City, State, Zip)		
Title	% Ownership	Home Phone #	Cell Phone #	Social Security Number	
Principal First Name		Last Name	Home Address (Street Address, City, State, Zip)		
Title	% Ownership	Home Phone #	Cell Phone #	Social Security Number	
EQUIPMENT INFORMATION (Please fill out known information)					
Equipment Cost: \$	Are you purchasing additional equipment for your office you would like to lease, such as phones, computers, furniture, security...? Circle: YES / NO	Lease Term	Expected Delivery Date	Purchase Option	
Estimated Description:		24, 36, 48, 60 months		\$1.00	
Please "X" All That Apply <input type="checkbox"/> New <input type="checkbox"/> Remanufactured <input type="checkbox"/> Used		(circle)	Shorter Terms Available Upon Request	Other Options Available Upon Request	
DEALER OR SUPPLIER INFORMATION					
Dealer: TFL Services, LLC DBA MEC/McDaniel Equipment Co.		Contact: Phillip McDaniel	Phone: 501-851-1777	E-Mail	

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes ADG Capital, its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of the update, renewal, or extension of credit to the applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original. *** ALL PRINCIPLES LISTED ABOVE MUST SIGN THIS APPLICATION.**

Signature X _____	Date _____	Signature X _____	Date _____
PLEASE FAX BACK TO 800-606-0037			