



MAT-VAC Technology, Inc.  
 PO Box 2299, Daytona Beach, FL 32115  
 Ph: (888) 998-9975 Fax: (386) 238-0976  
[sales@mat-vac.com](mailto:sales@mat-vac.com)

## Commercial Lease Application



<b>LESSEE FULL COMPANY NAME</b>		<b>DATE ESTABLISHED</b> (CURRENT OWNERSHIP)	<b>WEB PAGE ADDRESS</b>	
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>TRADE STYLE OR NAME</b>		<b>EMAIL ADDRESS</b>	<b>TELEPHONE</b>	<b>FAX</b>
<b>BUSINESS STRUCTURE</b> Check Box or specify Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> OTHER <input type="checkbox"/> Specify other: _____		<b>NATURE OF BUSINESS</b>		<b>STATE OF INCORPORATION</b>
		<b>FEDERAL TAX NO.</b>		

### GUARANTORS / OWNERS

	(1)	(2)	(3)
NAME			
STREET			
CITY, STATE, ZIP			
HOME NUMBER			
SOCIAL SECURITY NUMBER			
TITLE			
% OF OWNERSHIP		%	%
SIGNATURE (I agree to the authorization to obtain consumer credit report below)			

### CREDIT REFERENCES

BANK	CITY/STATE	PHONE NUMBER	CONTACT	ACCOUNT #	TYPE

LEASES OR LOANS	CITY/STATE	PHONE NUMBER	CONTACT	ACCOUNT

VENDOR NAME	ADDRESS	CITY	STATE	ZIP
CONTACT NAME & PHONE NUMBER			RESALE #	
EQUIPMENT DESCRIPTION		NEW <input type="checkbox"/>	USED <input type="checkbox"/>	TERM REQUESTED
EQUIPMENT LOCATION (IF DIFFERENT FROM ADDRESS ABOVE)			TOTAL INVOICE WITHOUT TAX	

#### Authorization to Obtain Consumer Credit Report

By signing this application, each individual(s), who is either a principal of the credit applicant listed below or a personal guarantor of its obligations, provides written instruction to Dimension Funding, LLC 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 photo static or facsimile copy of this authorization shall be valid as the original.

Signature: X \_\_\_\_\_ DATE \_\_\_\_\_

Name (please print): \_\_\_\_\_ TITLE \_\_\_\_\_