dirtyblinds.com®

Questions call us at: (800) 976-6427
Fax your application to: (716) 685-9717

Start-Up Lease Application

Attn: Marc Miller
bizopp@dirtyblinds.com

Applicant Information

(Please complete as much as possible, if you do not know what to complete, skip it, we can gather that information at a later time!)

Applicant's Name: _____

What business Name are you going to use? _____

Business Address:_____City_____State_____ Zip_____

Business Phone Number (_____) _____ Fax Number (_____) _____

Description of Business_____ Email Address (if avail) _____

Business License Info

Do you have a business license yet?_____

Please circle your business structure below:

Sole Proprietorship Partnership Corp LLC

Federal ID# _____

Banking Information

Have you opened a Business Checking Account yet? _____

If Yes, with what bank? _____

Account # _____

Phone Number (_____) _____

Owner Officer #1 Info

Owner / Officer 1 Name _____

Title_____% of Ownership_____

Home Address _____

City _____ State_____Zip_____

Social Security # _____

Owner Officer #2 Info

Owner / Officer 2 Name _____

Title_____% of Ownership_____

Home Address _____

City _____ State_____Zip_____

Social Security # _____

Equipment to be leased

Description of equipment you would like to lease: _____ Lease Amount requested: _$_____

Equipment Supplier (if decided)

Supplier Name: Dirtyblinds.com Phone Number 1-800-976-6427 Fax Number 716-685-9717

Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes you or any lender or funding source which may be utilized (collectively referred to as "Lenders") to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

X _____ _____ _____
Signature | Signer's Printed Name | Date

X _____ _____ _____
Signature | Signer's Printed Name | Date

Detach Here

ECOA NOTICE *(TO BE RETAINED BY APPLICANT)*

Thank you for your business credit application. We will review it carefully and get back to you promptly. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain that statement, please contact us within 60 days from the date that you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of your request for the statement. NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers our compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.