



LESSEE

Company Name:
Address:
City, State & Zip:
Telephone:
Contact:

VENDORS

Company Name: P.O.S. INTERNATIONAL
Address: 3558 NE 12 Ave
City, State & Zip: Oakland Park, FL 33334
Telephone: 800-646-4767 www.posintl.com
Contact:

BANK REFERENCES

Business Description:
Principle Bank:
Address:
City, State & Zip:
Account Numbers:
Telephone & Contact:

Years in Business:
Secondary Bank:
Address:
City, State & Zip:
Account Numbers:
Telephone & Contact:

TRADE REFERENCES

Supplier:
Account Numbers:
Telephone & Contact:

Supplier:
Account Numbers:
Telephone & Contact:

PERSONAL INFO: OFFICERS, PARTNERS OR OWNERS

Name:
Home Address:
City, State & Zip:
Telephone:
Social Security #:

Name:
Home Address:
City, State & Zip:
Telephone:
Social Security #:

Applicant authorizes POS International to obtain credit information from references listed above.

Agency Disclaimer : Neither Supplier or any salesperson is an agent of Lessor nor are they authorized to waive or alter the terms of this Agreement. Their representatives shall in no way affect Lessee or Lessor's rights and obligations as herein set forth.

EQUIPMENT TO BE LEASED:

Equipment Description: Price:
Lease Term (months): # of Advance Payments: Rate Factor: Purchase Option:
Total \$\$:

Applicant Authorizes Lessor to Obtain Credit Information and Bank References Listed.

Signature: X Title: Date: