

XMI

Financial Services, LLC

618 Church Street, Suite 220

Nashville, TN 37219

Phone: (615) 250-7791 / Fax: 615-248-9253

Attention: Sara Linton, Coordinator

Application Date: _____

Office Contact: _____

Company Full Legal Name: _____

Year Started: _____

Phone: () _____ Mobile: () _____

Fax: _____

Physical Address: _____ Suite/Unit# _____

Mailing Address: _____

City/State: _____ County: _____

Zip: _____

Email: _____ Web Address: _____

Parent Company Name & Address (if different): _____ Federal I.D.# _____

Company Type: () Corporation () Partnership () Proprietorship () Non Profit () Municipality () LLC

Names of Principal(s)/Title(s)	Social Security #(s)	Physical Home Address		
1)				
2)				
3)				
4)				
Bank References	City, State	Phone #	Contact	Account #(s)
1)				
2)				
Trade References	City, State	Phone #	Contact	Account #(s)
1)				
2)				
3)				
Machine Dealer/Dist.		Phone #	Contact	

Complete Description of Equipment (Attach Quote if Available) () New () Used Cost \$: _____

Reason For Acquiring New Equipment

Estimated Delivery Date: _____

(PLEASE LIST) Insurance Agent or Broker: _____ Phone: _____

I/We authorize XMI Financial Services to make whatever credit inquiries that it deems necessary in connection with this lease application. I/We authorize any person and/or reporting agency to furnish XMI Financial Services any information that it may have or may obtain in response to this request. This information shall remain the property of XMI Financial Services whether on not this lease application is approved.

AUTHORIZED SIGNATURE(S) _____ DATE _____

TITLES(S) _____ DATE _____