

# RER CAPITAL FUNDING.

## *Credit Application*

### SUPPLIER INFORMATION

VENDOR NAME	CONTACT	PHONE	FAX
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### CUSTOMER INFORMATION

LEGAL COMPANY NAME	ADDRESS	COUNTY			
CITY	STATE	ZIP	PHONE	FAX	FED. TAX I.D. #

CONTACT PERSON	TYPE OF BUSINESS
	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP

# OF YEARS IN BUSINESS UNDER CURRENT OWNERSHIP	# OF EMPLOYEES	DESCRIPTION OF BUSINESS
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BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP
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### LEASE INFORMATION

DESCRIPTION OF PRODUCT	PRODUCT COST
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LEASE TERM	PAYMENT AMOUNT	PURCHASE OPTION
		<input type="checkbox"/> FMV <input type="checkbox"/> \$1.00

### PERSONAL DATA

NAME	HOME ADDRESS	CELL NUMBER	
CITY	STATE	ZIP	SOCIAL SECURITY #
TITLE	% OWNERSHIP	E-MAIL ADDRESS	

NAME	HOME ADDRESS	CELL NUMBER	
CITY	STATE	ZIP	SOCIAL SECURITY #
TITLE	% OWNERSHIP	E-MAIL ADDRESS	

### REFERENCE DATA

LIST PRESENT BANK(S) - PREVIOUS BANK IS REQUIRED IF APPLICANT HAS BEEN AT PRESENT BANK LESS THAN TWO YEARS			
PRESENT BANK OF APPLICANT	PREVIOUS OR SECOND BANK OF APPLICANT		

BRANCH	PHONE	BRANCH	PHONE
NAME OF BANK OFFICER	ACCT. #	NAME OF BANK OFFICER	ACCT. #

TRADE REFERENCES NAME AND ADDRESS	PHONE	CONTACT
1.		
2.		
3.		

By signing below, the individual submitting this form, recognizing that his/her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent.

I hereby authorize our banks, trade references, and financial institutions the right to release credit information over the phone.

DATE

X

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