

Credit Application

Fax to: 800-451-5360



NEC FINANCIAL SERVICES, LLC
 1 PARK 80 PLAZA WEST SADDLE BROOK, NJ 07663 • (800) 451-5361 • Fax (800) 451-5360 www.neclease.com info@neclease.com

EXISTING CUSTOMER YES NO If yes, Account # _____

FINANCIAL STATEMENTS MAY BE REQUIRED

SUPPLIER INFORMATION	SUPPLIER NAME AND ADDRESS	Phone _____	Can NEC Financial contact the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No LEASE DOCUMENTS: <input type="checkbox"/> I will prepare documents <input type="checkbox"/> I want NEC Financial to prepare documents Send To: <input type="checkbox"/> Supplier <input type="checkbox"/> Customer Send Via: <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail
		Fax _____	
	Sales Rep Name _____	E-mail _____	

LEASE INFORMATION	EQUIPMENT / SOFTWARE DESCRIPTION			
	Estimated Installation Date: _____			
	Equipment Cost \$ _____	Lease Rate Factor _____	LEASE TYPE	LEASE TERM
	Software Cost* \$ _____ <small>* Not available for FMV, Blended Rates may be required</small>	Lease Payment \$ _____		
	Sub-Total \$ _____	(Lease Payment = Lease Rate Factor x Total Cost)		
	Sales Tax \$ _____ %	Advance Rentals # _____ = \$ _____		
	Total Cost \$ _____	Sales Tax Rate _____	Security Deposit \$ _____	Promotion _____

CUSTOMER INFORMATION	COMPLETE LEGAL COMPANY NAME				Headquarters Information			
	_____				Address: _____			
	Trade Style/DBA: _____				City, State, Zip: _____			
	Nature of Business: _____ Federal Tax ID# (FID): _____				INSTALLATION ADDRESS (if different from above address)			
	Contact: _____ Phone: _____				Address: _____			
	Email: _____ Fax: _____				City, State, Zip: _____			
	Lease Signer: _____ Title: _____				Will you be moving to the installation location? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Corporation Proprietorship General Partnership LTD LLC LLP PC PA Not for Profit Government							
	Business Start Date: _____				Bankruptcy History: No Yes/When: _____			
	State of Inc./Organization _____				Organizational # _____ If you are Sales Tax Exempt, please attach copy of certificate.			

CUSTOMER INFORMATION	Parent Company (if applicable): Company is a Subsidiary Division Affiliate				Equipment Installation Location: Own Rent			
	Name: _____				Landlord/Owner: _____			
	HQ Address: _____				Address: _____			
	City, State, Zip: _____				Contact: _____ Phone: _____			
	Name/Title: Principal Owner Partner Officer Member				Name/Title: Principal Owner Partner Officer Member			
	Name: _____				Name: _____			
	Home Address: _____				Home Address: _____			
	City, State, Zip: _____				City, State, Zip: _____			
	Email: _____				Email: _____			
	Home Phone: _____ Social Security # _____ - _____ - _____				Home Phone: _____ Social Security # _____ - _____ - _____			

Bank Name: _____	Trade Reference: _____
Branch: _____ How Long: _____	City & State: _____
Checking Acct# _____ Loan Acct # _____	Account # _____ How Long: _____
Contact Name: _____	Contact Name: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____

SIGNATURE	I / We grant NEC Financial Services, Inc. or its Agent's permission to investigate my/our financial responsibility and credit worthiness, and authorize release of any personal or business information accordingly. I/We agree to make available financial statements, tax returns, etc., upon request. I/We acknowledge that the Advance Rental(s) and/or Security Deposit(s) are not refundable if NEC Financial approves our application for credit. I/We certify that this application for credit is for commercial purpose and not for personal, family or household purposes.	
	Authorized Signature and Title <div style="border: 1px solid black; padding: 5px; width: 100%; height: 30px; display: flex; align-items: center;"> X </div>	Printed Name _____ Date: _____
	By execution of the Credit Application and Lease Agreement, I / We warrant that the information submitted herein is true and correct.	