



Precision Fitness.....your custom body shop

Franchise/Leasing Application

Date _____

Applicant's Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ TAX ID# _____

Yrs in business _____ Please Check: Corporation Partnership Sole Proprietor Other _____

EQUIPMENT: VENDOR: _____ **CONTACT:** _____

Equipment _____ Amt to be Financed) \$ _____ Term _____ (mos).

Description: _____

(Please Attach Invoices or Proposals If Available)

PRINCIPLE OWNERS OR GUARANTORS, PLEASE COMPLETE THE FOLLOWING:

This is to include anyone holding 10% or more ownership

Name _____ Social Security Number _____

Address _____ City, State _____ Zip _____

Name _____ Social Security Number _____

Address _____ City, State _____ Zip _____

BANK INFORMATION

Bank, Address, City	Phone #	Account #	Contact
_____	_____	_____	_____
_____	_____	_____	_____

Other Loans or Leases	Phone #	Account #	Contact
_____	_____	_____	_____
_____	_____	_____	_____

Business Trade References	Phone #	Contact
_____	_____	_____
_____	_____	_____

The undersigned certifies that the above information given for the credit purposes is true and correct and authorizes the firm or person to whom this application is made and any credit bureau or other investigative agency to investigate the references, statement, or other dates listed or accompanying this application. The undersigned authorizes all parties contacted to release credit and financial information requested as part of said investigation. All such information shall remain the property of the lender/leasing company whether or not the financing is approved.

SIGNATURE: _____
Title **Date**

SIGNATURE: _____
Title **Date**

Note: Please use full legal name(s). Signature must be only those of duly authorized corporate officer, partner or proprietor, with title indicated



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CREDIT AUTHORIZATION

I/We authorize LSOA/GCR its designees or assigns to make any necessary credit inquiries deemed proper in connection with this lease application. I/We authorize and instruct any person or consumer-reporting agency to compile and furnish to the Leasing company any information that it may have or obtain in response to such credit inquiries and agree that such information, along with the application, shall remain the leasing company property whether or not the lease is approved.

NOTICE: THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATURAL ORIGIN, SEX, MARITAL STATUS, OR AGE (PROVIDED THE APPLICANT HAS CAPACITY TO ENTER INTO A BINDING CONTRACT); OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW IS THE:

**FEDERAL TRADE COMMISSION
 EQUAL CREDIT OPPORTUNITY
 WASHINGTON, D.C. 20580**

 Applicant Signature

 Applicant Signature

 Printed Name

 Printed Name

 Title

 Title

_____ 20_____
 Date

_____ 20_____
 Date

NOTE: Use full legal name(s).
 Signature(s) must be only those of duly authorized corporate officer, partner, or proprietor, with title indicated.