

LEASE APPLICATION

Please fax completed and signed application to 716-565-8306 or 716-565-8435
Questions or need assistance? Call 1-866-550-8795

Business Information

Full Legal Name of Business _____
DBA Name (if applicable) _____ Website _____
Business Address _____
Street/City/County/State/Zip _____
Contact _____ E-mail _____
Phone _____ Fax _____ Fed. Tax ID _____
Business Type (check one) Proprietorship Corporation Limited Partnership General Partnership
 Not for Profit LLC Municipal Gov't Other
State of Formation (not applicable for proprietorship or government) Org ID _____
Nature of Business _____ Years in Business _____ Current Account Yes No

Supplier and Equipment Information

Supplier Name: Allstate Computers, LLC Contact: Brian Artigas Phone: (561) 743-1521
Supplier Address: 160 Toney Penna Drive, Suite #3, Jupiter, FL 33458

| Equipment Description | Quantity | Make | Model |
|-----------------------|----------|------|-------|
| | | | |
| | | | |

Estimated Equipment Cost \$ _____ + Other Costs \$ _____ = Estimated Total Cost \$ _____
(software, installation, maintenance)
Payment Type: Monthly Quarterly Other _____ Estimated Payment Amount \$ _____
Requested Term _____ Months Requested End of Term Purchase Option FMV 10% \$1.00

Bank/Trade References

Bank Name _____ Contact _____
Account Number _____ Phone _____
Trade Name _____ Contact _____
Account Number _____ Phone _____

Personal Information

Required if proprietor, general partner, personal guarantor, or if in business less than three years. Each individual listed must sign below.

Principal/Guarantor Full Legal Name _____ Residence Phone No. _____
Residence Address _____ SSN _____
Street/City/County/State/Zip _____
Principal/Guarantor Full Legal Name _____ Residence Phone No. _____
Residence Address _____ SSN _____
Street/City/County/State/Zip _____

Acknowledgement and Authorization

The undersigned verifies the accuracy of all of the information contained in this application and authorizes Ingram Micro Financial Services and its designees and assigns to obtain additional information from credit bureaus concerning the undersigned's business and/or personal credit standing (which may include personal credit bureau reports). The undersigned certifies that this application is for business purposes and not for personal, family or household purposes.

Signature X _____ Print Name _____ Date _____
Signature X _____ Print Name _____ Date _____

Equal Credit Opportunity Act ("ECOA") Notice

Note If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact our ECOA Compliance Representative at 10 Waterview Boulevard, Parsippany, NJ 07054, 877-275-8795, within 60 days from the date you are notified of your denial. Within 30 days of receiving your request we will send you a written statement specifying the reasons for the denial. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; 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 concerning the creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.