



Equipment Lease Application

Attention: Please e-mail applications to: mkrasuska@libuildingsystems.com
with electronic signature or fax to: 631-331-0765

Applicant Information (Lessee): (Complete legal name of entity. If a corporation, use EXACT registered corporate name)

Legal Business Name: _____ DBA: _____
Fed ID#: _____ D&B#: _____ Web Address: _____
Address: _____ City: _____ State: _____ Zip Code: _____
County: _____ Phone: _____ Fax: _____ Time in Business: _____
Corporation L.L.C. Partnership Proprietorship Type of Business: _____ Industry Type: _____
Primary Contact Name: _____ Phone: _____ E-Mail: _____

Equipment To Be Leased: (Attach separate list if necessary)

Description: (Include make, model, and serial #'s): _____
Equipment Cost: _____ Term: _____ Lease Type: _____

Vendor Information:

Vendor: _____ Contact: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip Code: _____

Personal Information on Officers, Partners, or Guarantors:

Guarantor1: _____ Title: _____ SSN#: _____ % of Ownership: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone: _____ Work e-mail: _____ D.O.B.: _____
Guarantor2: _____ Title: _____ SSN#: _____ % of Ownership: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone: _____ Work e-mail: _____ D.O.B.: _____

Company Bank References – Two Year History:

Name of Branch: _____ Contact: _____ Acct #: _____ Phone: _____
Name of Branch: _____ Contact: _____ Acct #: _____ Phone: _____

Trade References – Two Year History:

Name of Supplier: _____ Contact: _____ Acct #: _____ Phone: _____
Name of Supplier: _____ Contact: _____ Acct #: _____ Phone: _____
Name of Supplier: _____ Contact: _____ Acct #: _____ Phone: _____

For the purpose of obtaining credit, I certify that the information given in this application and any attached schedules is true and correct and the preceding statements, correctly reflect our financial condition as of the date indicated below and that there has been no material change since then. I hereby authorize any financial institution or other credit reference to verify the information above or provide additional information which Long Island Building Systems or its underwriters may request.

Applicant: _____ Date: _____ Co-Applicant: _____ Date: _____

COVER-ALL BUILDING FINANCE PROGRAM

GOAL: TO HELP YOU FINANCE YOUR DREAM

WHO CAN WE FINANCE: INDUSTRIAL, COMMERCIAL, AGRICULTURAL, MUNICIPAL, FARM, AND EQUINE OPERATIONS, AS WELL AS MOST OTHER BUSINESS TYPES

UP TO \$100,000: APPLICATION ONLY – WE WILL LOOK AT OVERALL CREDIT HISTORY, AVERAGE BANK BALANCES, AND TRADE REFERENCES, AS WELL AS TIME IN BUSINESS.

\$100,000: APPLICATION + FULL FINANCE PACKAGE

SUB PRIME CREDIT: WE WILL MAKE EVERY EFFORT TO APPROVE ALL OF OUR CUSTOMERS. SOME CASES MAY REQUIRE A CO-SIGNER OR PROPERTY LIEN.

TERMS: 2 TO 7 YEAR TERMS AVAILABLE DEPENDING ON BUSINESS TYPE AND STRENGTH.

PAYMENT STRUCTURE: MONTHLY, QUARTERLY, SEMI-ANNUAL, ANNUAL, AND CUSTOMIZED PROGRAMS. WE WILL ALSO OFFER A 90 DAY DEFERRED PAYMENT OPTION TO QUALIFIED APPLICANTS.

PRE-FUNDING: DEPOSIT PRE-FUNDING IS AVAILABLE WITH INDIVIDUAL DEALER APPROVAL.

LET LONG ISLAND BUILDING SYSTEMS BE YOUR FINANCIAL PARTNER

WE HAVE THE EXPERTISE TO SELL THE “RIGHT” STRUCTURE TO SUIT A CUSTOMER'S NEEDS - LONG ISLAND BUILDING SYSTEMS HAS THE EXPERTISE TO HELP YOU CHOOSE THE “RIGHT” FINANCING

WHY LEASE?

- Little or no down payment, usually 1 or 2 months
 - Preserve bank lines for working capital needs
 - Low monthly payment
- Flexible financial plans, seasonal skip payments, deferral plans, annual payments, or create a customized plan to suit your needs
- Maintain a competitive edge with an affordable means to acquire the latest technology
 - Help avoid ATM (Alternative Minimum Tax)
 - Tax deductible payments
 - Fixed rate and term
 - New or used equipment