



PRE DOCUMENTATION CHECKLIST

Please complete the following checklist in order for us to properly document your lease. In order to avoid costly delays in paying the vendors for the equipment, please take the time to be accurate with this information. Please **print legibly** so that we may avoid documentation errors.

LEGAL COMPANY NAME: _____

LEGAL NAME OF AUTHORIZED SIGNER: _____
(AS IT APPEARS ON YOUR DRIVERS LICENSE)

TITLE OF AUTHORIZED SIGNER: _____

LEGAL NAME OF CORPORATE SECRETARY: _____
(AS IT APPEARS ON YOUR DRIVERS LICENSE)

STATE OF INCORPORATION: _____

COUNTY OF EQUIPMENT LOCATION: _____

SECRETARY OF STATE FILE/ORGANIZATION #: _____

FEDERAL TAX IDENTIFICATION NUMBER: _____

INSURANCE INFORMATION: Contact _____ Phone # () _____

ARE YOU TAX EXEMPT? ___ IF YES, PLEASE ATTACH EXEMPTION CERTIFICATE

IS THE EQUIPMENT NEW OR USED? _____

HAS ANY OF THE EQUIPMENT BEEN PAID FOR? HOW LONG AGO _____

WILL ANY OF THE EQUIPMENT BE AT ANOTHER LOCATION? _____

DO YOU WISH TO BE BILLED QUARTERLY OR MONTHLY? _____

EXPECTED DATE FOR EQUIPMENT DELIVERY & ACCEPTANCE: _____

DOCUMENTS SHOULD BE SENT TO: _____

SIGNATURE: _____

◆Please Attach a copy of the drivers license for: Signor, All Guarantors and Corporate Secretary
Please fax this form to (310) 568-9922 ASAP
Thank You