

Consumer Lease Application



DEALER NAME (Equipment Supplier)	DEALER CODE

DEALER REFERENCE #

*=denotes required fields

3630 W South Jordan Parkway • South Jordan, UT 84095

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INITIAL FUNDING INFORMATION

* EQUIPMENT MAKE AND MODEL:

* FILL IN ONE OF THE FOLLOWING FIELDS:

Base Monthly Paymt: \$ _____ for _____ Months (Term)

OR Total Funded Amount: \$ _____

GUARANTOR INFORMATION 1 (EQUIPMENT USER)

* APPLICANT NAME _____

* SS # _____ DATE OF BIRTH _____

* HOME PH _____ WORK PH _____

EMPLOYER _____

TITLE _____

EMAIL ADDRESS _____

* STREET ADDRESS _____

* CITY _____ * STATE _____ * ZIP _____

OWNS RESIDENCE: YES NO

YEARS AT RESIDENCE: _____

PERCENT OWNER: _____ %

GUARANTOR INFORMATION 2 (if applicable)

* APPLICANT NAME _____

* SS # _____ DATE OF BIRTH _____

* HOME PH _____ WORK PH _____

EMPLOYER _____

TITLE _____

EMAIL ADDRESS _____

* STREET ADDRESS _____

* CITY _____ * STATE _____ * ZIP _____

OWNS RESIDENCE: YES NO

YEARS AT RESIDENCE: _____

PERCENT OWNER: _____ %

→ DEALER INFORMATION (Equipment Provider)

SALESPERSON: _____

WORK PHONE: _____

DEALER OFFICE: _____

EMAIL ADDRESS _____

The undersigned applies for the Lease indicated in this application. Everything stated in this application is correct. Funding Universe may retain the application whether or not the Lease is approved. Funding Universe and its authorized Affiliates are authorized to check my credit for the purposes of determining my credit worthiness at the time of my application or thereafter in connection with the same transaction or extension of credit and for the further purpose of reviewing the account, taking collection activity on the account, and skip tracing. Funding Universe and its Authorized Affiliates are authorized to provide history information to others about my credit standing and your credit experience with me, including but not limited to credit bureaus, other companies, outside collection agencies and outside attorneys.

* APPLICANT (Guarantor #1)

Authorized Signature _____

Print Name _____ Date _____

APPLICANT (Guarantor #2, if applicable)

Authorized Signature _____

Print Name _____ Date _____