

\$500,000 Tax Write Off!

Basic Qualifications:

- Clean personal credit with at least five lines of reporting credit
 - Over three years history on the credit bureau
- Two years in business - Verified by **ONE** or more of the following:
 - Business license, Schedule C or K1 from your tax return, State Business Filing, Articles of Incorporation, Business bank account, Dun & Bradstreet, Equifax business report, etc.
- Bank and trade references (over 1 year history)

Special Payment Programs:

Up to 84 month terms (some restrictions apply)

- \$20 Check delivers your equipment
- Skip-payment program for any consecutive slow months (June/July/August)
- \$99 per month for the first three to six months

Lease Benefits *(see our web site for additional info)*

- Application only up to \$250,000 / No limit with financials
- Preserve your cash & credit cards for other things
- Trade-In Capability - always have the latest equipment
 - Add to your lease at any time (\$5,000 or more, restrictions apply)
 - Upgrade your equipment with a simple one page fax
- New & used equipment OK
- Virtually any type of equipment including:
 - Audio, video, lighting, computers, software, furniture, etc.
- A lease does not show up on your credit report (unless you don't pay)
- Include: installation, wiring, shipping, training, etc.

Need More Info Or An Application?

Go To: <http://www.LFCI.net>

Qualifications, On-Line Application, Quotes, Info, etc.

Get An Average Payment or Budget Quote:

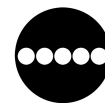
Payment Quote at: <http://www.lfci.net/paymentquoting.htm>

How Much Can I Afford To Buy? **Budget Quote** at:
http://www.lfci.net/LFCI_Quote/budgetquote.htm

For additional information:

Call (800) 626-LFCI

<http://www.lfci.net>



ARGOSY

Creative Financing for: Businesses, Churches, Schools & Govt. Entities

Lease To Own Equipment Financing



Creative Financing Solutions

Lease To Own

Must Be A U.S. Citizen Or Permanent Resident

Please print or type information

Express Lease Application

Business Information

Business Name (as it appears on your check) Federal Tax ID # Years in Business D&B# (if known)

Street Address (no PO Boxes) City State Zip

Phone Number Fax Number Contact Person Title Ext#

E-mail Address Web Site Address Cell Phone# # Employees

Corporation Partnership Proprietorship LLC Non-Profit (please check one)

Owners/Officers (Those authorized to sign or guarantee the lease)

Full Name and Title Home Address Social Security # %Ownership

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Full Name and Title Home Address Social Security # %Ownership

Bank References (Previous or 2nd bank required if current account is less than two years old)

Present Bank Phone# Fax# Account# Contact Person Date Opened

Additional Account Phone# Fax# Account# Contact Person Date Opened

Previous or Additional Account Phone# Fax# Account# Contact Date Opened

Trade Reference (Over 1 year history—No credit cards or personal vehicle leases)

Company Phone# Fax# Account# Contact Person High Credit

Previous Business Loans, Lines of Credit or Leases (over 1 year history)

Empty box for previous business loans information

Empty box for previous business loans information

Use Drop Down To Choose Amount Lender Name & Contact Person Account# Phone Number Terms Date In Years Started



219 Scott Street, Suite 190, Beaufort, SC 29902 800-626-5324 877-363-5991 FAX www.lfci.net



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BEST GUESS - Equipment List

Quantity Model# Manufacturer Description Total Cost: \$ _____

Minimum Amount is \$7500



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Vendor _____ Phone _____ Contact _____ Contacts E-mail Address _____

Length of Lease Desired 2 YR 3YR 4YR 5YR 6YR

Equipment Location: _____

Insurance Information

Insurance Carrier _____ Agent Name & E-mail Address _____ Phone# _____ Fax# _____

Credit Information

Have you filed for bankruptcy in the last 10 years? Yes No What year : _____ Personal or Business: _____

Have you had or currently have any judgments: liens: NSF business checks:

Have You Applied for a lease or loan in the last 120 days? Yes No Were you approved? Yes No

Name of company applied to _____ Phone# _____ Amount \$ _____

When did you apply? _____ Was application for the Same equipment? Yes No

If turned down down, why: _____

***Please FAX your 3 most recent Business Bank Statements (summary page/s with balance/s)**

(For Each Checking, Savings, Money Market Account)

Account Information Release—Sign at X

The undersigned represents that all information provided with this Application is true and correct.

By signing below, the undersigned individual as principle of and/or guarantor of the Application, authorizes LFCI, its designee, assigns or potential assigns, to review all credit profiles provided by any credit bureaus in considering this Application and for the purpose of the update, renewal, or extension of credit to the applicant or the collection of any resultant accounts. A fax, photocopy, or other transmission of this authorization shall be deemed a legal and original signature. EACH OWNER should sign and date.

Legal Business Name: _____

X

Authorized Signature - Please sign your name here _____ Title _____ Date _____

Print Name _____ Phone#: _____ Email Address: _____

LFCI

800 626-5324 - FAX Application to: 877-363-5991