

TOTAL AUDIO VISUAL SYSTEMS, INC

LEASING APPLICATION

923 Sligo Avenue, Silver Spring, Maryland 20910
Voice: 301.589.3337 Toll Free: 800.447.7632
Fax: 301.495.4770

Date of Application

FED. I.D. #

Vendor
Phone No. ()
Fax No, ()
Contact

LESSEE NAME T/A
ADDRESS PHONE NO. ()
Equipment Location FAX NO. ()
County of Operation TYPE OF BUSINESS

Years In Business Under Present Ownership ___Yrs. ___Mos. () CORP ()"S"CORP () PART Specify Ltd. Or Gen. () PROP
May we contact Lessee directly? Yes () No () Lessee Contact _____ Title _____
Accountant's Name & Phone Number ()
Insurance Agent's Name & Phone Number ()

PRINCIPALS OR OFFICERS (Please include previous addresses if less then one year)

1. NAME TITLE SS#
ADDRESS PHONE ()
2. NAME TITLE SS#
ADDRESS PHONE ()

EQUIPMENT Description Price w/o Tax
Security Deposit Advance Payments Lease Term (in months)
Monthly Payment Tax Total Lease Factor
Type of Lease 1 0% Buyout () FMV () \$1 Buyout () Other () Please describe

BANKS AND TRADE ACCOUNTS

Bank Name Branch-Contact-Phone Number Account Number
1) ()
2) ()

Loan/Lease/Finance Company References Branch-Contact-Phone Number Account Number
1) ()
2) ()

Trade References Phone Number Contact/Account Number
1) ()
2) ()
3) ()

Landlord Phone Number Contact

Has either applicant been party to any suits, judgements, garnishments, bankruptcy or other legal proceedings
Yes () No () If yes, describe particulars on back.

I (We) hereby consent to any necessary credit investigation in connection with this application and authorize credit reporting agencies and agencies and agencies of the United States Government to provide information necessary to process said application. I (We) warrant that all information contained in this application is true and complete and grant permission or its retention whether or not credit is extended.

SEE REVERSE SIDE FOR IMPORTANT NOTICE REGARDING YOUR RIGHT TO A WRITTEN STATEMENT OF SPECIFIC REASONS IF WE WE DENY YOUR APPLICATION.

Signature Date Signature Date

Print Print

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 your representative at Total Audio Visual Systems, Inc., 923 Sligo Avenue, Silver Spring, Md 20910, 301.589.3337, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Notice: 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, or age (provided the applicant has the capacity to enter into a binding contract); or 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 this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.