GEOSUN NRG

COMMERCIAL CREDIT APPLICATION

GEOLEASE

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1.877.443.6532
Loc: 770.579.1470
Fax: 770.971.5342

WEBSITE: http://www.geosunnrg.com/
WEBSITE: http://www.geoleaseusa.com/
E-MAIL: credit@geoleaseusa.com

Company Information	Phone: Fax:	E-Mail: Website:	
Legal Business Name/DBA		Fed. Tax I.D.#	
Company Address	City	State	Zip Code
Authorized Signer	Title	Telephone: (ext.) E-Mail:	
Business Structure: Corporation____ Partnership____ Sole Proprietor____ LLC/LLP____ Type of Business:		Number of years in Business	Equipment Cost

Personal Information		
Name & Title	Social Security #	Ownership %
Home Address	City	State Zip
Name & Title	Social Security #	Ownership %
Home Address	City	State Zip

Bank References			
Name of Bank/Branch	Chkg. Acct #	Telephone ( )	Contact Officer
Name of Bank/Branch	Chkg. Acct #	Telephone ( )	Contact Officer

Trade References			
Name of Supplier	Telephone ( )	Contact	Department
Name of Supplier	Telephone ( )	Contact	Department
Name of Supplier	Telephone ( )	Contact	Department

Lease/Loan References	Name of Lender	Address	
Account #	Telephone ( )	Contact Officer	Original Amount
Equipment	Vendor (your supplier)	RSM or Salesman	

Description: (Please indicate if Equipment Location is different than above)

Declaration: The above information, together with any accompanying financial statements, or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct, and complete. By signing below or submitting this application electronically, the undersigned individual, who is either a principle credit applicant or a guarantor of its obligations, provides this written instruction to GEOLEASE, LLC, it's nominees or assigns, authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for that purpose of update, renewal or the extension of such credit or additional credit and for reviewing and collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm our identity as the respective individuals in the related application. In compliance with federal law requiring all financial institutions to obtain, verify and record information that identifies each person who opens an account, we ask for your name, address, date of birth (for individuals), and other information that will allow us to identify you. We may also ask to see your driver's license (for individuals) or other identifying documents.

Authorized Signature	**Name (Please Print)**	**Title**	**Date**
Authorized Signature	**Name (Please Print)**	**Title**	**Date**