

Consumer Lease Application



10M Commerce Way • Woburn, MA 01801

Phone: 888-347-4993 Fax: 781-994-4775

www.TimePaymentCorp.com

DEALER NAME (Equipment Supplier)	DEALER CODE

DEALER REFERENCE #

* = **denotes required fields**

INITIAL FUNDING INFORMATION

* EQUIPMENT TYPE: _____

* FILL IN ONE OF THE FOLLOWING FIELDS:

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

OR Total Funded Amount: \$ _____

GUARANTOR INFORMATION 1 (Equipment User)

* APPLICANT NAME _____

* STREET ADDRESS _____

* SS # _____ DATE OF BIRTH _____

* HOME PHONE _____ WORK PHONE _____

* CITY _____ * STATE _____ * ZIP _____

EMPLOYER _____

OWNS RESIDENCE: YES NO

TITLE _____

YEARS AT RESIDENCE: _____

EMAIL ADDRESS _____

PERCENT OWNER: _____%

GUARANTOR INFORMATION 2 (if applicable)

APPLICANT NAME _____

STREET ADDRESS _____

SS # _____ DATE OF BIRTH _____

HOME PHONE _____ WORK PHONE _____

CITY _____ STATE _____ ZIP _____

EMPLOYER _____

OWNS RESIDENCE: YES NO

TITLE _____

YEARS AT RESIDENCE: _____

EMAIL ADDRESS _____

PERCENT OWNER: _____%

DEALER INFORMATION (Equipment Provider)

DEALER OFFICE: _____

SALESPERSON: _____

The undersigned applies for the Lease indicated in this application. Everything stated in this application is correct. TimePayment Corp. may retain the application whether or not the Lease is approved. TimePayment Corp. 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. TimePayment Corp. 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)

APPLICANT (Guarantor #2, if applicable)

Authorized Signature _____

Authorized Signature _____

Print Name _____ Date _____

Print Name _____ Date _____