



Lease Application

LCA Account Executive: Pat Small

PLEASE FAX APPLICATION TO (404) 262-2327

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, age (provided that the applicant has the legal capacity to enter into a binding contract), 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, D.C. 20580.

Equipment/Cost/Terms

Type of Proposed Equipment	Equipment Cost	Proposed Term (Months)
----------------------------	----------------	------------------------

Vendor of Equipment ("Supplier")

Vendor Name ALCOHOL CONTROLS, INC	Contact Person Mark Flaschner	Telephone Number (800) 285-2337	Fax Number (404) 262-2327
Vendor Address 1023 Havenridge Lane NE	City Atlanta	State GA	Zip 30319
E-Mail Address profit@alcoholcontrols.com			

Applicant Company Information

Legal Company Name	D/B/A	Signer Name & Title		
Company Address	City	County	State	Zip
Telephone Number	Fax Number	E-Mail	Business Start Date	
Nature of Business	Type of Business	Federal ID# (9 digits)	State Organizational ID #	
	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC			

Additional Companies Owned

Legal Company Name	Time in Business	Address	City	State	Zip
Legal Company Name	Time in Business	Address	City	State	Zip

Personal Information Of Guarantors (100% ownership required to sign for businesses under 18 months Time in Business)

Name	Title	% of Ownership	Social Security Number		
Home Address	City	State	Zip	Home Phone Number	Mobile Phone Number
You authorize us to investigate your credit as provided below	Signature X	Date	Annual Personal Income	Date of Birth	
Name	Title	% of Ownership	Social Security Number		
Home Address	City	State	Zip	Home Phone Number	Mobile Phone Number
You authorize us to investigate your credit as provided below	Signature X	Date	Annual Personal Income	Date of Birth	

Company Bank References - Two Year History

Name of Bank/Branch	How Long?	Checking Acct. # or Loan Acct. #	Telephone Number	Contact Officer
Name of Bank/Branch	How Long?	Checking Acct. # or Loan Acct. #	Telephone Number	Contact Officer

Applicant Financial Information

- No. of years owner/CEO has been in this line of business: _____
- No. of years in business at current address: _____
- No. of employees: _____
- Approximate net worth of business: \$ _____
- Approximate net profit after tax last year: \$ _____
- Approximate net profit after tax for the year before last: \$ _____

LCA understands that the applicant is considering asking LCA to purchase the equipment described on the attached lease agreement from the Supplier (please supply information to left) to enter into a lease. I/We hereby request and authorize you, Lease Corporation of America, ("LCA" or the "Lessor") to whom this application is made, or your agents or assigns, to investigate my/our credit worthiness and will provide financial statements, tax returns, etc., as you deem necessary. By the execution of this application, I/we warrant that the information submitted herein is true and correct and hereby authorize LCA to release any requested information. If any of the applicants (i.e. guarantors, lessees) have not signed this application, I/we hereby warrant that I/we have their written authorization for you to investigate their credit. I/we warrant that I/we understand that LCA reserves the right to make any credit decision if the information contained herein is found to be incorrect and I/we will indemnify LCA for any and all costs incurred with this application for credit including any cost incurred in the placement or reservation of the intended leased equipment if any of the information contained herein turns out to be incorrect, and I/we hereby request any above immediately to consider this to be our written request to release all information requested by LCA to LCA. We also hereby acknowledge receipt of a copy of this application. 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 a statement, please send a written request to us at 3150 Sherman Road, Suite 303, Troy, MI 48063 within 60 days of when you learn of our decision. We will send you a written statement of our reasons within 30 days of receiving your request for a statement. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who enters into a lease contract.

Signature **X** _____ Date _____