

L E S S E E	Business Name: _____ Address: _____ City: _____ State/Province _____ Zip/Postal Code: _____ Phone: _____ Contact: _____	S U P P L I E R	Business Name: Global Quantum Quest Address: 6909 N. Nanini Dr. Tucson, AZ 85704 Phone: 1-866-388-3901 or 520-297-6280 Fax: 1-866-388-3906 or 520-575-1804 Contact: Cameron Davidson
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Cost	Description of Equipment (use additional sheet of paper if necessary)	Lease Term Requested
		months
Tax ID#	Nature of Business	Yrs in Business
Equipment Location (if other than above)	Corporation	Proprietorship
	Corporate Type	Partnership

CREDIT INFORMATION

BANK REFERENCES Bank: _____ Checking ___ Savings ___ Loan ___ Account #: _____ Contact: _____	Bank: _____ Checking ___ Savings ___ Loan ___ Account #: _____ Contact: _____
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TRADE REFERENCES 1. Name: _____ Phone: _____ 2. Name: _____ Phone: _____	3. Name: _____ Phone: _____ 4. Name: _____ Phone: _____
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(Do NOT include Credit Cards, Utility Companies, or Non-Business References)

Please Provide the following information on principals:

Legal Name	Soc Sec #	Legal Name	Soc Sec #
Home Address		Home Address	
Home Ph #	% Ownership	Home Ph #	% Ownership

NOTE: on deals over \$50,000 please provide Balance Sheet & Income Statements for last two (2) fiscal years

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes Global Quantum Quest, it's designee, assigns or potential assigns, to obtain further information concerning my credit standing from any references listed herein, or any other person or organization, and to review his/her personal credit profile provided by national 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 or photocopy of this authorization shall be valid as the original.

X _____ (Principal)	X _____ (Principal)	Date: _____
Print Name	Print Name	