



Midwest Leasing Group, Inc.

11844 Hubbard Street

Livonia, MI 48150

Phone: 734 266 2100 Toll Free: 1-800-272-4403

Please FAX Completed Form to: SPENCER RIFE 734 266 2101

<b>L E S S E E</b>	Business Name: _____ Address: _____ City: _____ State/Province _____ Zip/Postal Code: _____ Phone: _____ Contact: _____	<b>S U P P L I E R</b>	Business Name: Global Quantum Quest Address: 172 W. Roma Tucson, AZ 85737 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
<b>Tax ID#</b>	<b>Nature of Business</b>	<b>Yrs in Business</b>
<b>Equipment Location</b> (if other than above)	<b>Corporation</b>	<b>Proprietorship</b>
	<b>Corporate Type</b>	<b>Partnership</b>

**CREDIT INFORMATION**

<b>BANK REFERENCES</b> Bank: _____ Checking ___ Savings ___ Loan ___ Account #: _____ Contact: _____	Bank: _____ Checking ___ Savings ___ Loan ___ Account #: _____ Contact: _____
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<b>TRADE REFERENCES</b> 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:**

<b>Legal Name</b>	<b>Soc Sec #</b>	<b>Legal Name</b>	<b>Soc Sec #</b>
_____	_____	_____	_____
<b>Home Address</b>		<b>Home Address</b>	
_____		_____	
<b>Home Ph #</b>	<b>% Ownership</b>	<b>Home Ph #</b>	<b>% Ownership</b>
_____	_____	_____	_____

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 Midwest Leasing Group, 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.

<u>  X  </u> _____	<u>  X  </u> _____	Date: _____
(Principal)	(Principal)	
_____	_____	
Print Name	Print Name	

