



Canon Financial Services, Inc.

P.O. Box 4004
 Carol Stream, Illinois 60197-4004 (800) 220-0200
 www.cfs.canon.com

FAXABLE LEASE APPLICATION

C U S T O M E R	Legal Name		DBA	Phone	
	Address		City	State	ZIP
	Executive Office		City	State	ZIP
	Parent Company		City	State	ZIP
	Contact Person		Title	Phone	
	Type of Business	<input type="checkbox"/> Corporation: State of Inc. _____	<input type="checkbox"/> Limited Liability: State of Org. _____	<input type="checkbox"/> Proprietor: Complete Personal below	<input type="checkbox"/> Partnership: Registered in the State of _____ If Non-registered, complete Exec. Office Address above
DUNS Number	Federal Tax ID#	State of Organization ID #	Nature of Business	# Years in Business	

P E R S O N A L	Principal's Name		Home Phone	Social Security #
	Address		City, State, ZIP	% Ownership

D E A L E R I N F O R M A T I O N	Dealer		Sales Rep	Phone	
	Equipment Cost	\$ _____	Model Number/ Description		
	Upgrade Cost	\$ _____			
	Other Cost	\$ _____			
	Total Cost	\$ _____			
	Term	Factor	Payment	Advance Payment	Security Deposit
Purchase Option	<input type="checkbox"/> Fair Market Value	<input type="checkbox"/> \$1.00	<input type="checkbox"/> 10%	<input type="checkbox"/> Other _____	

B A N K	Name of Present Bank		Contact	Phone
	Checking Account #		Loan Account #	# of Years
	Previous/Additional Bank		Contact	Phone
	Checking Account #		Loan Account #	# of Years

T R A D E	Name		Contact	Phone
	Name		Contact	Phone

Acknowledgement and Authorization

Customer warrants that all information in this application is accurate. Customer authorizes the above references, any credit reporting agency, or other third party (including CFS) to release any credit information to CFS, its affiliates and their respective designees or assignees. Customer agrees that equipment leased from CFS will be used solely for business or commercial purposes. Customer agrees that a facsimile copy of this Agreement shall be deemed an original, and will be treated as an original and will be admissible as evidence.

Signature: X _____ Date: _____

NOTICE: If your application for credit is denied, CFS will provide you, upon request, with a written statement of the specific reasons for denial.

Applications can be submitted through www.cfs.canon.com

CFS-1122 (02/03)