



445 State Road 13N  
 Suite 308-26  
 Jacksonville, FL 32259  
 Tel: 904-551-6090  
 Fax: 904-513-9229

## COMMERCIAL EQUIPMENT APPLICATION

### BUSINESS Information:

LEGAL NAME OF LESSEE		DBA (IF ANY)	PHONE	
ADDRESS (STREET)		(CITY)	(COUNTY)	(STATE) (ZIP)
LOCATION OF EQUIPMENT (STREET)		(CITY)	(COUNTY)	(STATE) (ZIP)
TYPE OF BUSINESS	AGE OF	ANNUAL SALES	# OF EMPLOYEES	FED'L TAX I.D. #
(CIRCLE) LANDLORD      MORTGAGEE	(CIRCLE) PROPRIETORSHIP      PARTNERSHIP      CORPORATION			
LANDLORD / MORTGAGEE	ADDRESS	CONTACT	PHONE	

### OWNERSHIP Information:

PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE	SOC. SEC. #
HOME ADDRESS Own Home ?	(CITY)	(STATE) (ZIP)	Credit Score      How Long at Address?	Bankruptcy or Liens: Explain
PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE	SOC. SEC. #
HOME ADDRESS Own Home ?	(CITY)	(STATE) (ZIP)	Credit Score      How Long at Address?	Bankruptcy or Liens: Explain

### BANK Information:

BANK NAME	ADDRESS	(CITY) (STATE) (ZIP)	CONTACT
ACCOUNT NAME	ACCOUNT #	Average Approx.	PHONE

### TRADE Information (business vendors):

COMPANY NAME	ADDRESS	(CITY) (STATE) (ZIP)	CONTACT	PHONE
COMPANY NAME	ADDRESS	(CITY) (STATE) (ZIP)	CONTACT	PHONE
COMPANY NAME	ADDRESS	(CITY) (STATE) (ZIP)	CONTACT	PHONE

### PURCHASED From:      Dealer      Private Seller      ( check one)

COMPANY NAME iCSales, LLC	CONTACT Reade Taylor	FAX 321-281-3699	PHONE 866-945-9825
ADDRESS P.O. Box 32096	(CITY) Palm Beach Gardens	(STATE) FL 33420	FED'L I.D. # 26-3078624

\* must pay 10% of original purchase price upon termination of lease

### EQUIPMENT Information:    Circle:      \$ Buyout      FMV    10% PUT\*      Circle:    New    Used (10 years or less)

QUANTITY	EQUIPMENT DESCRIPTION (Type, Make, Model, Year, Serial #):	COST OF EQUIPMENT	CIRCLE DESIRED # OF MONTHS OF LEASE
			12   24   36   48   60
			12   24   36   48   60

The undersigned hereby authorizes BRT Financial, Inc. its assigns or designee(s) any bank or other lending institution, creditor, trade, or credit reporting bureau, or any other person who has knowledge of Lessee's credit or trade history to release such information to BRT Financial, Inc. or its assigns or designee(s). A photographic or faxed copy of this authorization shall be as valid as the original.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_