

Lease Application

BUSINESS INFORMATION

Business Name	Type of Business	D&B Number	
Street Address	City	County	State Zip
Contact	Phone Number	Fax Number	
Business Structure: <input type="checkbox"/> Corporation <input type="checkbox"/> Subchapter S <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit	Date Business/Corporation Established	Website Address	
Federal ID #	Exempt from State Sales/Use Tax? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, include a copy of exemption certificate)		

THE UNDERSIGNED INDIVIDUAL(S) WHO IS EITHER A PRINCIPAL, SOLE PROPRIETOR, OR PERSONAL GUARANTOR OF THE CREDIT APPLICANT, RECOGNIZING THAT HIS OR HER INDIVIDUAL CREDIT HISTORY AND/OR BANK REFERENCE MAY BE A FACTOR IN THE EVALUATION OF THE CREDIT HISTORY OF THE APPLICANT OR IN THE EVALUATION OF HIS OR HER PERSONAL GUARANTY, IF APPLICABLE, HEREBY CONSENTS TO AND AUTHORIZES THE USE OF A CONSUMER CREDIT REPORT AND/OR BANK REFERENCE ON THE UNDERSIGNED INDIVIDUAL(S) BY THE ABOVE NAMED BUSINESS CREDIT GRANTOR, FROM TIME TO TIME AS MAY BE NEEDED, IN THE INITIAL CREDIT EVALUATION AND SUBSEQUENT REVIEW PROCESSES.

Owner's Name/Title	% Ownership	Home Phone No.	Social Security No.
Home Address	City, State, Zip		Signature X
Owner's Name/Title	% Ownership	Home Phone No.	Social Security No.
Home Address	City, State, Zip		Signature X

BANK REFERENCES

Bank	Checking Account No.	Savings Account No.	Loan Account No.
Address	Contact Officer		Telephone No.
Previous Bank (if less than 2 years)	Checking Account No.	Contact Officer	Telephone No.

SUPPLIER REFERENCES

Name	Contact	City, State, Zip	Telephone No.
Name	Contact	City, State, Zip	Telephone No.
Name	Contact	City, State, Zip	Telephone No.

DEBT REFERENCES

Name	Contact	Telephone No.	Account Number
Name	Contact	Telephone No.	Account Number
Business Insurance Agent	Contact	Telephone No.	Policy Number

TRANSACTION INFORMATION

Instrument Cost (exclusive of sales tax)	No. of Months	Purchase Option
<input type="checkbox"/> New <input type="checkbox"/> Used (year of manufacture) _____		Sales Engineer
Equipment Description	Quotation No.	
Location of Equipment (if different from business address)		

CREDIT RELEASE AUTHORIZATION

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND ACCURATE AND I AUTHORIZE OUR BANKS, TRADE REFERENCES AND FINANCIAL INSTITUTIONS TO RELEASE CREDIT INFORMATION TO APPLERA CORPORATION, ITS AFFILIATES, CUSTOMER FINANCE PARTNERS AND BANKS FOR THE SOLE PURPOSE OF PROCESSING THIS APPLICATION.

Signature _____ Title _____ Date _____

**FAX COMPLETED LEASE APPLICATION TO 203.840.2772.
PLEASE CALL TOLL FREE 877.732.2002 WITH ANY QUESTIONS.**