



LEASE APPLICATION – PLEASE FAX TO (786) 752-3302
Or email to info@posofamerica.com

Company name: _____

Address: _____

City, State and Zip _____

Phone # _____ Fax # _____

Owner President Name and Last Name: _____

Home Address: _____

City, State and Zip _____

SSN _____ - _____ - _____ Date of birth: _____

Type of Ownership (circle one) : Corporation – Sole Proprietorship – LLC – Partnership

Email address: _____

Equipment Cost: _____

BANK Information. Name _____

Account # _____ Phone# _____

Contact: _____

Your name _____

Title: _____ Date: _____

Signature: _____

The applicant warrants that all information provided to Lessor is true and correct, and authorizes POS OF AMERICA and its affiliates to investigate applicants credit worthiness as may be needed. The undersigned authorizes all banking institutions, credit reporting agencies and trade references and its agents to release all necessary information via telephone, mail or facsimile as requested, for the purposes of securing a lease.

