\$500,000Tax Write Off!

Basic Qualifications:

- ·Clean personal credit with at least five lines of reporting credit
 - ·Over three years history on the credit bureau
- ·Two years in business Verified by ONE or more of the following:
 - ·Business license, Schedule C or K1 from your tax return, State Business Filing, Articles of Incorporation, Business bank account, Dun & Bradstreet, Equifax business report, Paynet, etc.
- ·Bank and trade references (over 1 year history)

Special Payment Programs:

Up to 84 month terms (some restrictions apply)

- \$20 Check delivers your equipment
- Skip-payment program for any consecutive slow months (June/July/August)
- \$99 per month for the first three to six months

Lease Benefits (see our web site for additional info)

- Application only up to \$ 250,000 / No limit with financials
- · Preserve your cash & credit cards for other things
- Trade-In Capability always have the latest equipment
 - Add to your lease at any time (\$5,000 or more, restrictions apply)
 - Upgrade your equipment with a simple one page fax
- New & used equipment OK
- · Virtually any type of equipment including:
 - Audio, video, lighting, computers, software, furniture, etc.
- A lease does not show up on your credit report (unless you don't pay)
- Include: installation, wiring, shipping, training, etc.

Need More Info Or An Application?

Go To: http://www.LFCI.net

Qualifications, On-Line Application, Quotes, Info, etc.

Get An Average Payment or Budget Quote:
Payment Quote at: http://www.lfci.net/paymentquoting.htm

How Much Can I Afford To Buy? Budget Quote at: http://www.lfci.net/LFCI_Quote/budgetquote.htm

For additional information: Call (800) 626-LFCI

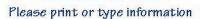


Creative Financing for: Businesses, Churches, Schools & Govt.





Must Be A U.S. Citizen Or Permanent Resident





Business Information

Business Name (as it	appears on your c	heck)		Federal Tax II	D# Years in Bus	siness D&B#	(If Known)
Street Address (no PO Boxes)			City		State	Zip	
Phone Number	Fax Number	Contact Person			Title	Ext#	
E-mail Address		Web	Site Address		Cell Phor	ne# # Employees	
	Corporation	Partnership	Proprietorship [(please check on)	LLC	Non-Profit		
Own	ers/Officers	s (Those au	uthorized t	o sign oı	r guarante	e the lease)	
Full Name and Title		Home Addre	ess		Social Securi	ty# %Ownershi	p
Full Name and Title		Home Addre	PSS .		Social Secur	ity # %Ownershi	p
Full Name and Title		Home Addre	ess		Social Secur	ity # %Ownersh	ip
Bank Refer	ences (Previo	ous or 2nd ba	nk required i	f current a	ccount is less	s than two yea	ars old)
Present Bank	Phone#	Fax#	Accour	nt#	Contact Perso	n Date Opened	l l
Additional Account	Phone#	Fax	# Acco	unt#	Contact Pers	on Date Open	ed
Previous or Additiona	l Account Ph	one# Fa	ax# Acc	count#	Contact	Date Ope	ned
Trade	Reference	(Over 1 year	history—No d	redit card	s or personal	l vehicle lease	es)
		I	mage Field				
Company	Phone	# Fax	; #	Account#	Contact Pe	erson High Credit	
Previou	s Business I	_oans, Line	s of Credit	or Leas	ses (over 1 y	year history)	
Use Drop Down To Ch	noose Amount	Lender Name &	& Contact Person	Accoun	ıt# Phor	ne Number Terms	Date





BEST GUESS - Equipment List							
Quantity Model# Manufacturer Description Total Cost: \$	Total Cost: \$ Minimum Amount is \$7500						
PRO AUDIO VIDEO LIGHTING WISICAL INSTRUMENTS 800 356-5844 Extension:							
Vendor Phone Contact Contacts E-mail Address							
Length of Lease Desired 2 YR 3YR 4YR YR 6R							
Equipment Location:							
Insurance Information							
Insurance Carrier Agent Name & E-mail Address Phone# Fax#							
Credit Information							
Have you filed for bankruptcy in the last 10 years? Yes O No O What year: Personal or Business:							
Have you had or currently have any judgments liens: NSF business checks:							
Have You Applied for a lease or loan in the last 120 days? Yes O No O Were you approved? Yes O No O							
Name of company applied to Phone# Amount \$							
When did you apply? Was application for the Same equipment? Yes O No O							
If turned downed down, why:							
*Please FAX your 3 most recent Business Bank Statements (summary page/s with bala	nce/s)						
(For Each Checking, Savings, Money Market Account)							
Account Information Release—Sign at X							
The undersigned represents that all information provided with this Application is true and correct.							
By signing below, the undersigned individual as principle of and/or guarantor of the Application, auth LFCI, its designee, assigns or potential assigns, to review all credit profiles provided by any credit but							
considering this Application and for the purpose of the update, renewal, or extension of credit to the							
the collection of any resultant accounts. A fax, photocopy, or other transmission of this authorization	n shall						
be deemed a legal and original signature. EACH OWNER should sign and date. Legal Business Name:							
X							
Authorized Signature - Please sign your name here Title Date							
J. 1.1. 2 2.1. 2 J. J. 1. 2.1. 2 2.1. 2 2.1. 2 2.1. 2 2.1. 2 2.1. 2 2.1. 2 2.1. 2 2.1. 2 2.1. 2 2.1. 2 2.1. 2 2							
Print Name Phone#: Email Address:							

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