Consumer Lease Application DEALER NAME (Equipment Supplier) DEALER CODE DEALER REFERENCE #	ETIMEPayment The better way to sell. 16 N.E. Executive Park #200 Burlington, MA 01803 Phone: 888•347•4993 Fax: 781•994•4775 www.TimePaymentCorp.com		
* = denotes required fields INITIAL FUNDING INFORMATION			
* EQUIPMENT TYPE:	* FILL IN ONE OF THE FOLLOWING FIELDS:		
	Base Monthly Paymt: \$ for Months (Term)		
	OR Total Funded Amount: \$		
GUARANTOR INFORMATION 1 (Equipment User)			
* APPLICANT NAME	* STREET ADDRESS		
* SS # DATE OF BIRTH			
* HOME PHONE WORK PHONE	* CITY * STATE* ZIP		
EMPLOYER	OWNS RESIDENCE: 🗌 YES 🗌 NO		
TITLE	YEARS AT RESIDENCE:		
EMAIL ADDRESS	PERCENT OWNER:%		
GUARANTOR INFORMATION 2 (if applicable)			
APPLICANT NAME	STREET ADDRESS		
SS # DATE OF BIRTH			
HOME PHONE WORK PHONE	CITY STATEZIP		
EMPLOYER	OWNS RESIDENCE: 🗌 YES 🗌 NO		
TITLE	YEARS AT RESIDENCE:		
EMAIL ADDRESS	PERCENT OWNER:%		
DEALER INFORMATION (Equipment Provider)			
DEALER OFFICE:	SALESPERSON:		
the application whether or not the Lease is approved. TimePayment (purposes of determining my credit worthiness at the time of my applic credit and for the further purpose of reviewing the account, taking coll	erything stated in this application is correct. TimePayment Corp. may retain Corp. and it's authorized Affiliates are authorized to check my credit for the cation or thereafter in connection with the same transaction or extension of ection activity on the account, and skip tracing. TimePayment Corp. and it's hers about my credit standing and your credit experience with me, including gencies and outside attorneys.		

*APPLICANT (Guarantor #1)		APPLICANT (Guarantor #2, if applicable)	
Authorized Signature		Authorized Signature	
Print Name	Date	Print Name	_Date