

PVS Professional Video and Sound

Please fax to: (310) 944-9947

Attn: Curtis Wright
Professional Video & Sound – Owner
www.pvs.cc

Lease Type: FMV 10% Set Option \$1Out

BUSINESS DESCRIPTION

Company Name: _____ DBA if any: _____

Company Address: _____ City, State and Zip: _____

Contact: _____ email: _____

Phone: _____ Fax: _____

Type of Business: Corporation Partnership LLC Sole Proprietorship Tax ID: _____

Business Description: _____ Year Started _____

EQUIPMENT DESCRIPTION New Used

Type of Equipment: _____ Amount: \$ _____

Equipment Location: _____

OWNER INFORMATION

Name: _____ Title: _____

Address: _____ City, State, Zip: _____

SS#: _____ Phone: _____

BANKING INFORMATION

Bank Name: _____ Account Number: _____ Phone Number: _____

Bank Name: _____ Account Number: _____ Phone Number: _____

TRADES/COMPARABLE CREDIT

Trade Name: _____ Contact Name: _____ Phone Number: _____

Trade Name: _____ Contact Name: _____ Phone Number: _____

Trade Name: _____ Contact Name: _____ Phone Number: _____

Comp Name: _____ Contact Name: _____ Phone Number: _____

Comp Name: _____ Contact Name: _____ Phone Number: _____

DECLARATION

Applicant warrants that all credit and financial information submitted to Lessor herewith or any other time is true and correct, and authorizes Baycap, Inc. to investigate applicants credit worthiness as may be needed. The undersigned authorizes all banking institutions credit reporting agencies and its agents to release all necessary information via telephone, mail or facsimile as requested for the purpose of securing a lease.

Signature: _____ Date: _____

423 S. Pacific Coast Hwy. Suite 202 Redondo Beach, CA 90277
(310) 944-3220 • Fax (310) 944-9947 Finance Professional: Bob Gardner