



DO YOU NEED EQUIPMENT TO GROW YOUR BUSINESS?

CALL CMS FUNDING TODAY!

800-429-0051

BENEFITS OF LEASING EQUIPMENT

- Leasing Provides 100% Financing
- Leasing Allows for Small Monthly Payments
 - Lease Payments Are Tax Deductible
- Leasing Preserves Cash & Credit Lines

What We Offer

- ✓ Application Only up to \$100,000
- ✓ Terms from 12 to 72 Months
- ✓ New or Preowned Equipment
- ✓ Same Day Approvals
- ✓ No Down Payment
- ✓ All Kinds of Equipment
- ✓ Soft Costs & Build Outs

Types of Equipment Leases

- ✓ Fair Market Value
- ✓ Dollar Buyout
- ✓ Wrap Lease
- ✓ Business Expansion
- ✓ Refinance Program
- ✓ New Business Program
- ✓ A,B,C & D Credit

WWW.CMSFUNDING.COM

BUSINESS NAME _____ DBA: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EQUIPMENT ADDRESS (if not the same) _____

PHONE _____ FAX _____ EMAIL _____

BUSINESS ENTITY: CORP ___ PROPRIETOR ___ PARTNERSHIP ___ LLC ___ LLP ___

STATE OF INCORPORATION _____

YEARS/MONTHS IN BUSINESS _____ TYPE OF BUSINESS _____

VENDOR INFORMATION AND EQUIPMENT

VENDOR NAME _____ PHONE # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EQUIPMENT DESCRIPTION _____

EQUIPMENT AMOUNT: \$ _____ TERMS REQUESTED (# of months) _____

TITLED/NON TITLED: _____ TYPE: **NEW / USED**

BANK INFORMATION (Include at least two years bank history)

	BANK	ACCT #	PHONE #	OFFICER
1) CHECKING:	_____	_____	_____	_____
2) SAVINGS:	_____	_____	_____	_____

PRINCIPAL INFORMATION

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY / STATE / ZIP _____	CITY / STATE / ZIP _____
SOCIAL SECURITY # _____	SOCIAL SECURITY # _____
HOME PHONE # _____ CELL # _____	HOME PHONE # _____ CELL # _____
E-MAIL _____	E-MAIL _____
TITLE _____ OWNERSHIP % _____	TITLE _____ OWNERSHIP % _____

By signing below, each of the undersigned individuals authorize CMS Funding and its affiliates, successors, and assigns (collectively, "Bank") to obtain consumer credit reports relating to their individual credit history and/or creditworthiness I hereby certify that the information contained in this application is true and accurate to the best of my knowledge and authorize the release of the above information:

Applicant Signature _____ DATE _____

Applicant Signature _____ DATE _____

FAX: 973-200-2250 FOR IMMEDIATE APPROVAL