



Leasing Unlimited Group, LLC
5400 Belsay Drive
Raleigh, NC 27612

Toll-Free (866)295-6471
Facsimile (866)295-6472

Lease Information

LESSEE INFORMATION

Full Legal Name: _____

For: _____

Contact Name and Title: _____

e-mail address: _____

State of Organization and entity type: _____

Organizational Identification Number (issued by Secretary of State): _____

Taxpayer Identification Number: _____

Street Address: _____

Telephone: _____ Fax: _____

Fiscal Year End: _____

Source of Funds for this equipment acquisition (Circle one):

General Funds Special Assessment Specific Tax Other (describe):

Are funds currently appropriated for this use for the first year? _____

What is the purpose of the proposed equipment acquisition (replacement, expansion, new use):

Can the Lessee operate without the equipment (i.e., is it essential use property)? _____

Has the Lessee ever contracted for this type of equipment in the past? _____

Has the Lessee ever defaulted on, terminated, or non-appropriated with respect to a rental or lease agreement?

Has the Lessee complied with statutory and constitutional requirements for entering into this type of transaction?

VENDOR INFORMATION

Full Legal Name: _____

Contact Name and Title: _____

email address: _____

State of Organization and type of Entity: _____

Organizational Identification Number: _____

Taxpayer Identification Number: _____

Street Address: _____

Telephone: _____ Fax: _____



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Lease Information

BROKER INFORMATION

Full Legal Name: Leasing Unlimited Group, LLC
Contact Name and Title: Wes Adams, President
email address: wes@leasingunlimited.com
State of Organization and type of Entity: North Carolina - Limited Liability Company
Organizational Identification Number: Leasing Unlimited Group, LLC
Taxpayer Identification Number: 42-1539130
Street Address: 5400 Belsay Drive, Raleigh, NC 27612
Telephone: (866) 295-6471 Fax: (866) 295-6472

EQUIPMENT INFORMATION

Equipment Description:
Make/Model/Serial #:
New or Used (Circle One)
Equipment Cost: Rate Factor:
Term: Pmt Frequency(monthly/quarterly/semi-annual/annual):
Payment Amount: Down Payment:
Number of Advance Payments:
Sales Tax? Yes or No (Circle one) Included in Equipment Cost? Yes or No (Circle one)
Sales Tax Percent: % (if applicable). If sales tax exempt, provide proof of exemption.
Personal Property Taxable? Yes or No (Circle one). If exempt, provide proof of exemption:
Projected Equipment Delivery Date: Projected Acceptance Date:
SEND DOCUMENTS TO:
SPECIAL INSTRUCTIONS (overnight delivery, e-mail, etc.):

PLEASE CALL LEASING UNLIMITED GROUP AT (866) 295-6471 WITH ANY QUESTIONS!

Completed By:
Signature
Print Name
Title