

eLease 550 1ST Avenue North St. Petersburg, FL 33701 Tel: 800-499-2577 x254 Fax: 800-233-8303

dkolle@elease.com

Finance Application

					Rev 02/02
Lessee			Vendor		
Company Name:			Company Name: Express Worldwide, Inc./PackagingConnection.com		
	Fed Tax ID:		Address: 12850 Hwy. 9 N., Ste. 600-232		
Address:			City, State & Zip: Alph	naretta, GA 30004	
			Telephone: 770-410-	·3456 Fax: 770	-442-0349
Business Phone #:			Contact: Brett Jamr	ozy brett@expww.com	
Contact Name:					
	Fax:			Bank References	
Business Description:			Principal Bank:		
ime In Business Under Current Ownership:			· —		
ype of Business:	☐ S-Corp ☐ LLC	☐ Proprietorship	Talambanas		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Partnership ☐ Corporation	☐ Non-Profit	Contact:		
			fficers, Partners or	Owners	
lame:		DOB:			DOB:
lome Address:			Hama Adduses		
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alaahaaa.			Talanhana		
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f his/her personal credit profile	Security #: below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obliversonal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in fewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the or		considering this application and subsequently	or its designee (and any assignee or potential ass for the purposes of update, renewal or extension	signee thereof) authorizing review of such credit or additional credit
Signature:	ne resulting account. A photostal of facilitile copy of this	s authorization shall be valld as the ong	Signature:	entity as the respective individual(s) identified in t	пе авоче аррікацоп.
Print Name:			Drint Name:		
Date:			Date:		
	New Equipment to b	o Financod (Atta		dula if pacassamı)	
	New Equipment to t	De i illaliceu (Atta	cir equipment sche	uule II liecessaly/	
Address of Installat	ion:				
Quantity	Model	Description		Serial Number(s)	Purchase Price (w/o tax)
Quantity	Woder	Description		Ochai Walliber(5)	(W/O tax)
	Comparab	la Landina Pafar	anger and Trade Per	forenees	
	Phone	le Lending Keler	ences and Trade Re	Account	
Name:	Number:		Person:	Number:	
Name:	Phone Number:		Contact Person:	Account Number:	
	Phone		Contact	Account	
Name:	Number:		Person:	Number:	
•	esit, borrowing, and trade informatics csimile copy of this authorization s		• •	all information is true, correct	t and complete.
ignature:	() () ()	Title:		Date:	
	(Authorizing Officer Signature)		Please email completed application to		
	(Please Print Name)		dkolle@elease.com		
	dit Opportunity Act prohibits creditors from				
a annlicant has the ca	anacity to enter into a hinding contract) had	cause all or part of the applica	int'e income derivee from any nubli	ic accietance program or because the	annlicant has in good

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Lessor set forth

above within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission Equal Credit Opportunity,