

EFSI LEASE APPLICATION

#1 LESSEE / APPLICANT	Please fax <i>signed</i> application to: 501-375-2551
Legal Name of Business	ENTERPRISE FINANCIAL SOLUTIONS, INC.
Tax ID State of Inc.	1818 North Taylor Street, #354 Little Rock, AR 72207
Billing Address	CONTACT: JACK HARVEY Tel. 501-375-2822
City County State Zip	#2 EQUIPMENT VENDOR
Equipment Location	Address
City County State Zip	City State Zip
Telephone Fax	Telephone
Contact Name	Contact Name

#3 EQUIPMENT DESCRIPTION	Price \$
	Tax \$
	Total \$

#4 TERMS OF LEASE

24 36 48 60 Months Other _____	Monthly Payment \$ _____ each	No. of Advance Pmts: 1 2
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Type of Business	Corporation _____ Partnership _____	Proprietorship _____ Non-Profit _____	Date Business Established _____
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#5 REFERENCES

Primary Bank	Bank City, State		
Checking Account No.	Bank Telephone		
Savings Account No.	Optional: List 2nd bank reference on separate sheet		
Commercial Loan Account No.			
Trade Reference	Account No.	City, State	Telephone
#1			
#2			
#3			

#6 C.B.R. RELEASE AND NOTICE OF RIGHTS

To the best of my knowledge the facts as represented are true. I am aware that falsification of any of this information may result in denial of credit. My signature below indicates my permission for you to obtain credit information from the sources I have referenced or other available sources, including banks, leasing companies, vendors, external credit reporting sources or consumer credit.

OWNER/ PRESIDENT PRINT NAME Ownership Percentage SIGNATURE	Home Address DATE	Social Security #
OFFICER PRINT NAME Ownership Percentage SIGNATURE	Home Address DATE	Social Security #
OFFICER PRINT NAME Ownership Percentage SIGNATURE	Home Address DATE	Social Security #