



Company Information

Business Name:		Time in business:	LLC, INC or SOLE PROP:	
Street Address:			City:	State: Zip:
Phone #	Email:		Tax I.D#	

Personal Information:

First:		Last:	Ownership %	
Street Address:			City:	State: Zip:
Social Security No.		Email:	Cell:	

Co-Owner:

First:		Last:	Ownership%	
Street Address:			City:	State: Zip:
Social Security No.		Email:	Cell:	

Equipment Description:

Vendor Name:		Contact:	Phone:	
Description:			Condition: New or Used	Cost:
Term(s): Requested (Months): 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/>				

By signing below, each undersigned individual (s), who is either a principal of the credit applicant listed below or a personal guarantor of its obligations, provides written instruction HORSE GYM USA® or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. I authorize all deposit, borrowing, and trade information to be released to the Lessor. I represent all information is true, correct and complete. A photo static, facsimile copy, or electronically signed version of this authorization shall be as valid as the original. I also authorize HORSE GYM USA® to provide this document to a maximum of 3 credit providers to secure the best interest rate possible.

Signature*** Do not E-sign this document, our underwriters require a "REAL" signature*******

Primary Owner Signature:		Date:	Co-Owner Signature:		Date:
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