



AMERICAN FINANCIAL GROUP, INC.



15500 Roosevelt Boulevard Suite #104 Clearwater, FL 33760

Phone: (800) 574-2352 Fax (727) 479-0120

<http://www.americanfinancialcompanies.com>

Named Entity _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip Code _____

Years in Business _____ Nature of Business _____

Please Check: Corporation _____ Partnership _____ Sole Proprietor _____

Equipment Location _____ Phone _____

Principle Owners or Guarantors, Please complete the following:

Name _____ Social Security # _____ % Ownership _____

Address _____ City, State _____ Zip _____

Name _____ Social Security # _____ % Ownership _____

Address _____ City, State _____ Zip _____

Equipment Vendor: _____ Phone # _____

Address _____ Cost _____ Term _____

Equipment Description: _____

Bank, Address, City	Phone #	Account Number	Contact
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Other Loans and Leases	Phone #	Account Number	Contact
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CREDIT REPORT AUTHORIZATION

By signing below, the undersigned individual, who is either a principal of the credit application or a guarantor of its obligations, provides this written instruction to the above referenced Lessor/Secured Party, its nominees or assigns, authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in consideration of the application and subsequently for the purpose of update, renewal or the extension of such credit or additional credit and for reviewing and collecting the resulting account. A photostatic or facsimile copy of this Authorization shall be as valid as the original. By signature below, I/we affirm our identity as the respective individuals identified in the related application. I authorize a bank institution or credit union to release credit information regarding the named applicant.

LESSEE SIGNATURES:

Signature	Title	Date
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LESSEE SIGNATURES:

Signature	Title	Date
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