

ABCO LEASING, INC.

(971) 204-0236 Brad Christensen
(800) 995-1897
(425) 806-4645
(866) 568-0102 e-fax

WWW.ABCOLEASING.NET

BROKER PROFILE

FIRM NAME: _____

CORPORATION PARTNERSHIP SOLE PROP LLC

PHONE NUMBER: _____ FAX NUMBER: _____

OFFICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

KEY CONTACT: _____ YEAR STARTED: _____

E-MAIL ADDRESS: _____ FEDERAL ID # _____

PRINCIPAL'S NAME: _____ SOC. SEC. # _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PRIMARY BUSINESS BANK: _____ PHONE: _____

ACCOUNT NUMBER: _____ CONTACT: _____

LEAD FUNDING SOURCE: _____

PHONE: _____ CONTACT: _____

SECONDARY FUNDING SOURCE: _____

PHONE: _____ CONTACT: _____

GEOGRAPHIC MARKET: _____

AVERAGE TRANSACTION SIZE: \$ _____ FUNDING VOL./YR: \$ _____

EQUIPMENT SPECIALTIES: _____

I hereby represent and warrant that all information submitted herein is true and accurate. I authorize ABCO Leasing, Inc. to obtain any information deemed necessary by ABCO with regards to this application, from the above references and from credit reporting agencies.

SIGNATURE _____ DATE _____

TITLE _____