Why Lease?

Tax Benefits

Lease payments may be 100% tax deductible.

100% Financing

Leasing permits 100% plus financing costs, warranties, tax, freight, and with no down payment (including soft installation).

Greater Leverage of Capital

Leasing conserves valuable company working capital.

Conserve Bank Credit

Leasing preserves bank credit lines

Flexible Payment Plans

Longer and more flexible terms are (up to 60 months). available than other financing

Fixed Rates

 Lease payments are fixed, not adjustabel with floating interest rates.

Obsolescence Protection

Leasing provides protection from equipment obsolescence. You keep facilities up to date.

"Specialists in Equipment Leasing and Financing" **ALLSTATE CAPITAL, LLC**

How Leasing Works

acquire from your vendor. determine exactly what equipment you want to Leasing is simple. You, the customer (lessee)

telephone. and we will take the information right over the and fax it to us for approval or call us toll-free either complete our one-page lease application After you have chosen the equipment, you

within 48 hours. You will normally have a lease approval

shipment of your equipment. envelope to promptly execute the order and necessary documents with a prepaid return Upon lease approval, we will overnight the

and authorize us to pay your vendor, we will Once you have received all of the equipment activate the lease





800-949-0018 x206 Marco Ramazio

EQUIPMENT

LEASING

ALLSTATE

through

CAPITAL

"Specialists in Equipment Leasing and Financing"

Fax back to 954-834-0873 Marco Ramazio

Toll Free 800-949-0018 ext. 206 **3665 Park Central Blvd North** Pompano Beach, FL 33064 www.allstatecapital.com

Credit Application



Allstate Capital, LLC 3665 Park Central Blvd North Pompano Beach, FL 33064 800-949-0018 ext. 206 E-mail: marcor@allstatecapital.com

Contact:	Marco Ramazio	
Fax back	to: 954-834-0873	

LESSEE COMPANY	INFORMATION													
Type of Business:	Non-Profit		Proprietorship	rietorship			Partnership		Corporation					
Legal Business Name:					dba:									
Contact Email:								Federal 7	Гах ID #:					
Best Contact # (cell):				Business Telephone:					Business Fax:					
Business Address (No PC) Boxes):	(City:				County:			s	State: Zi	p:		
Equipment Location:	Cu	rrent Location	[Ne	w Additional Loc	ation		Move of	Current Loca	itio	on to a New Location	on		
Equipment Address (if different from above): City				County:						State: Zip:				
Signer: Title:										No. Years in Business:				
Nature of Business:									No. Years in Under Curr		Business t Ownership:			
PERSONAL INFORM	ATION ON OFFI	CERS, PAR	TNERS, O	R GL	JARANTORS									
Name:			Title:			Soci	ial Security N	umber:			% Bus. Owner:	Rent/Own Home:		
Home Address :		(City:		Sta	ite:		Zip:		Ho	ome Phone No.:	-		
Name:			Title:			Socia	al Security N	umber:			% Bus. Owner:	Rent/Own Home:		
Home Address:		(City:		Sta	ite:		Zip:		Ho	ome Phone No.:			
Name:			Title:			Socia	al Security N	umber:			% Bus. Owner:	Rent/Own Home:		
Home Address:	ome Address: City:			State:					Zip: Hom			ne Phone No.:		
COMPANY BANK RE	FERENCES T	WO YEAR H	IISTORY											
Name of Bank/Branch		How Long?	Chkg Acct # Loan Acct #				-	Felephone	No.:		Contact:			
Name of Bank/Branch		How Long?	Chkg Acct # Loan Acct #					Felephone	No.:		Contact:			
TRADE REFERENCE	S TWO YEAR	HISTORY												
Name of Supplier:		City/St	ate:				-	Telephone	No.:		Contact:			
Name of Supplier:		City/St	ate:					Telephone	No.:	_	Contact:			
VENDOR & EQUIPM	ENT INFORMAT	ION												
Vender Neme:	Electric Bikes						Telephone:				Fax:			
Vendor Address: 2502 Main Street		City: Santa Monica						Sta C			Zip: 90405	Zip: 90405		
Equipment Description:		Equipment Cost:						Term: Contact: Travis Morphew						
By signing below, the un	dersigned individual	who is either a	principal of	the cre	dit applicant or a	gijar	antor of its o	bligations	provides thi	is t	rue and correct w	ritten instruction to		

By signing below, the undersigned individual who is either a principal of the credit applicant or a guarantor of its obligations, provides this true and correct written instruction to Allstate Capital, LLC, its nominees or assigns, authorizing review of his/her personal credit profile from a national credit bureau and any bank and trade references as required. 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/or for reviewing and collecting the resulting account. I/we agree that the security deposit is not refundable if information is found to be incorrect. Security deposit will be refunded if application is rejected by lessor. A Photostat 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. All terms, conditions, rates, and programs are subject to credit approval.

X_____ Signature X