

Choose Your Payment Plan



435-257-GREN(4736)

WWW.HAULIT.COM

Nothing Upfront

\$1 Buyout at End

- Nothing due upfront.
- Monthly payments.
- \$1 end of term buyout.
- No doc fee, no app fee.
- Factors (below) are multiplied times total cost to calculate monthly payment amount.

Term	Rate Factors
12 Months	.0950
24 Months	.0509
36 Months	.0356
48 Months	.0286
60 Months	.0246

3-Year Example

$$\text{\$10,000} \times .0356 = \text{\$356.00 / mo.}$$

Your Numbers

$$\text{\$ } \boxed{} \times \boxed{} = \text{\$ } \boxed{} \text{ / mo.}$$

Equipment Cost
Rate Factor From Chart
Monthly Payment Amount

Baker's Dozen Plan

13 Monthly Payments

- Payments are calculated by dividing the equipment cost by 12.
- One payment is due up front, then pay 12 regular monthly payments.
- \$1 end of term buyout.
- No doc fee, no app fee.

Example

$$\text{\$10,000} / 12 = \text{\$833.33 / mo.}$$

Upfront: \$833.33, then 12 monthly payments of \$833.33.

Your Numbers

$$\text{\$ } \boxed{} / 12 = \text{\$ } \boxed{} \text{ / mo.}$$

Equipment Cost
Monthly Payment Amount



Rep: Jared Haveron
 Cell: 801-836-7168

FAX 515.255.0147

Submit your completed application from the reverse side.

CALL 800.325.2605

Contact Tim Murphy or Troy Jaros for a tailored plan or more information.

All plans are subject to qualified credit and taxes. Rates are subject to change by lessor. Available in the continental U.S. only. (blue 11/08)

EQUIPMENT FINANCING SINCE 1979 ■ PO BOX 71397 | DES MOINES, IA 50325 | PHONE: 800.325.2605 | FAX: 515.255.0147





LEASE CONSULTANTS CORPORATION

Box 71397, Des Moines, IA 50325
FAX: 515-255-0147 PHONE: 800-325-2605



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LEASE APPLICATION

VENDOR AND LEASE INFORMATION

SALES REP _____ TERM _____ COST \$ _____ with tax without tax

LEASE PLAN \$1.00 Buyout Baker's Dozen Other _____

EQUIPMENT: _____

BUSINESS INFORMATION

BUS. NAME _____ FEDERAL ID# _____

ADD./CITY/ST./ZIP/COUNTY _____

CIRCLE ONE: PROPRIETORSHIP PARTNERSHIP CORPORATION LLC OTHER _____

NATURE OF BUS: _____ EMPLOYEES: FULL TIME _____ PART TIME _____

YEARS IN BUSINESS _____ YEARS UNDER CURRENT MANAGEMENT _____ PHONE # _____ FAX # _____

BANK INFORMATION

BANK REFERENCE(S) / ACCOUNT NUMBER(S)	CONTACT	PHONE	CITY & STATE

PRINCIPAL(S) INFORMATION

ALL PRINCIPALS, OFFICERS & STOCKHOLDERS OVER 10%	% OF OWNER-SHIP	TITLE	SOCIAL SECURITY NUMBER	DATE OF BIRTH	HOME ADDRESS STREET/CITY/STATE/ZIP

AUTHORIZATION

I authorize release of any credit or financial information to Lease Consultants Corporation.

Date: _____

Authorized Signature: _____