

BORE REPAIR SYSTEMS CREDIT APPLICATION by Gem Commercial Credit, Inc.

For Equipment/Pricing Questions, Please call BRS AT 800-650-1005

For Financing Questions, Please call: 888-445-3108

To Apply for Credit, email to jmodes@gemcredit.net or Fax to 888-445-3109

VENDOR INFORMATION AND LEASE TERMS

Vendor Name/Address: Bore Repair Systems, Inc. 97 Lower Cemetery Rd. Langdon NH 03602

Cost: \$ _____ Contact: Erik Esslinger _____ Phone Number: 603-835-2409

Equipment Description: _____

Lease Term: 24 36 48 60 Other

Purchase Options: \$1.00 10% of Equipment Cost Fair Market Value Other

CUSTOMER COMPANY INFORMATION

Company Legal Name		d/b/a	
Street Address			County
City/State/Zip Code		Bus. Phone	Fax Number
Years in Business	E mail address		Federal Tax I.D. #
Please Check :			
<input type="checkbox"/> Corporation	<input type="checkbox"/> S Corp.	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC

OWNER/PRINCIPAL INFORMATION

Name	Home Address	City/St/Zip
Soc. Sec. #	Title	% of Ownership
Name	Home Address	City/St/Zip
Soc. Sec. #	Title	% of Ownership

If additional Principals, please include on additional sheet.

BANK INFORMATION

Name of Bank		Contact	
Account #	Phone Number	How Many Years?	
Other Loan, or Trade References:		Acct. #	Phone Number:
Other Loan, or Trade References:		Acct. #	Phone Number:

I authorize Gem Commercial Credit, Inc., its assignees, or designees to obtain such information as may be required concerning the statements made in this lease application, and agree that the application shall remain your property, whether or not credit is granted. I also agree that the information regarding the account may be given to a credit bureau. I affirm that I have carefully read each of the answers given to the forgoing questions and agree that they are correct.

Signature of Applicant X _____ **Date:** _____