

Required items in ***Bold Italics***. Personal information required if a Corporation or in business less then 3 years

Customer and Billing Information

Company Legal Name: _____ DBA: _____	Phone : (____) _____ - _____ email : _____
Federal Tax ID Number: _____	DB #: _____
Billing Address : _____	Years in Business : _____
City : _____ State: _____ Zip: _____	Type of Business : Non Profit Proprietor Partnership Corporation Government
Parent Company Name : _____ City : _____ State: _____ Zip: _____	

Personal Information of Proprietor, Partners or Major Shareholders

Principal Name : _____ Title : _____
 Home Address : _____ City : _____ Sate: _____ Zip: _____
 Social Security Number : _____ - _____ - _____ Phone Number: (____) _____ - _____
 Principal Name : _____ Title : _____
 Home Address : _____ City : _____ Sate: _____ Zip: _____
 Social Security Number : _____ - _____ - _____ Phone Number: (____) _____ - _____

Bank Reference

Name of Bank: _____ Checking Account Number: _____
 Contact : _____ Phone: (____) _____ - _____ XT _____

Authorization for Disclosure of Credit Information (This Must Be Signed)

Applicant hereby authorizes the release of business and or personal credit information to A&A Office Systems Inc from any source including credit bureau reporting agencies and applicant's bank for the purpose of extending credit, to any credit reporting agency. I hereby represent that all information is true, correct and complete.
 A photo static copy of this authorization shall be valid as the original.

Signature : _____ Title: _____ Date: _____
 Print Name : _____

For Office Use Only

Sales Rep: _____ Term of Agreement: _____
 Rate: _____ Amount each payment: _____ Security Deposit: _____
 Purchase option: FMV \$1 10%
 Equipment Description: _____
 Total Amount of Lease \$ _____



**A&A
OFFICE
SYSTEMS, INC.**

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 Fx - 860-635-5280

Please fill the application out completely.
 When through fax it to
 860-635-5280