



5568 General Washington Dr
Alexandria, VA 22312
Phone: 703-658-2000
Fax: 703-658-2001

Company Name: _____ Parent Co. (if subsidiary): _____

Street Address of Business: _____

City/State/Zip: _____ Sate: _____ Zip: _____

Phone: _____ Fax: _____

In business since: _____ Type of ownership: ___ Sole Ownership ___ Partnership ___ LLC ___

Incorporated in _____ (STATE) _____

Federal Tax I.D. #: _____

Reference #1: Name: _____ Fax: _____ Phone: _____

Reference #2: Name: _____ Fax: _____ Phone: _____

Reference #3: Name: _____ Fax: _____ Phone: _____

I agree that all the above information is correct, and I (we) authorize JTF Business Systems to make any credit inquiries.

Signature: _____ Title: _____ Date: _____

Printed Name: _____

Signature: _____

Printed Name: _____

For Internal Use Only:

Lease Equipment: _____ Total Price _____

Sales Executive Name: _____

Credit Manager Approval: _____

Deposit Amount Required: _____

Approval Number: _____