



ATLANTIC ATM, LLC Lease Application

Applicant Information			
Name:			
Date Birth:	SSN:	Phone:	
Current Address:			
City:	State:	ZIP:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Previous Address:			
City:	State:	ZIP:	
Owned Rented (Please circle)	Monthly payment or rent:	How long?	
Business Information			
Legal Business Name:			
Street Address:			Years in Business?
Phone:	E-mail:	Fax:	
City:	State:	ZIP:	
Position:	Owner Manager (Please circle)	Annual Revenue:	
Products Sold?			
Type of Business:	Corporation	Proprietorship	Partnership (Please circle)
Federal ID Number:			
Billing Address:			
City:	State:	ZIP:	Phone:
Co-Applicant Information, if for a joint account			
Name:			
Date Birth:	SSN:	Phone:	
Current Address:			
City:	State:	ZIP:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Previous Address:			
City:	State:	ZIP:	
Owned Rented (Please circle)	Monthly payment or rent:	How long?	
<p>I authorize Atlantic ATM, LLC to verify the information provided on this form as to my credit and employment history. Applicant represents that this Equipment is being leased for business and/or professional purposes and agrees that under no circumstances shall this Lease be construed as a consumer contract. The undersigned applies for the Lease indicated in this application. Everything stated in this application is correct. Atlantic ATM, LLC may retain the application whether or not the Lease is approved. Atlantic ATM, LLC and its Authorized Affiliates are authorized to check my credit and employment history for the purposes of determining my credit worthiness at the time of my application or thereafter in connection with the same transaction or extension of credit and for the further purpose of reviewing the account, taking collection activity on the account, and skip tracing. Atlantic ATM, LLC and its Authorized Affiliates are authorized to provide history information to others about my credit standing and your credit experience with me, including but not limited to credit bureaus, other companies, outside collection agencies and outside attorneys.</p>			
Signature of Applicant			Date
Signature of Co-Applicant, if for joint account			Date
Fax this completed application to: 1-978-356-6147 Or mail to: Atlantic ATM, LLC, P.O. Box 126 Topsfield, MA 01983			

Questions? Call 1-877-472-2447 or 1-978-356-6148