

# AEROSEAL®

Certified Duct Diagnostics & Sealing

## LEASE YOUR NEW AEROSEAL EQUIPMENT

**For \$ 868.00/Month \***

- ❖ **100% FINANCING**
- ❖ **PRODUCES VALUE AS YOU PAY**
- ❖ **VERY LITTLE DOWN**
- ❖ **TERMS FROM 24 to 60 MONTHS**
- ❖ **ONE PAGE APPLICATION**
- ❖ **FAST CREDIT DECISIONS**
- ❖ **FIXED RATES**

**Commercial Lease Plans Available Through**



**\* Based on a 60 month lease with 2 advance payments. \$ 150.00 filing fee.**

Subject to credit processing and approval by Ervin Leasing Company.



# Lease Application

## Credit Processing

Phone: (800) 748-0015  
Fax: (800) 968-2808

### LESSEE (exact legal name required)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Number _____	Fax Number _____
Contact Person _____	Title _____
Email Address: _____	

### SUPPLIER

Name \_\_\_\_\_

Aero seal LLC.  
Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Number _____	Fax Number _____
Salesperson _____	Federal ID Number _____
Email Address _____	

### EQUIPMENT DESCRIPTION:

New       Used

Equipment Location (if other than above) _____	State of Incorporation _____
Nature of Business _____	Time in Business _____ Years _____ Months
Federal Tax Id # _____	

Type of Business:    Corporation    Partnership    Proprietorship    Non-Profit    Government    Other

Lease Cost \$ \_\_\_\_\_ Lease Term \_\_\_\_\_ Purchase Option  \$ 1.00    10%  
*Without Tax*

Monthly Payment \$ \_\_\_\_\_ Plus Tax \$ \_\_\_\_\_ Total Payment \$ \_\_\_\_\_

### BANKS (Please include 3 months business operating account bank statements)

Bank Name _____	Bank Name _____
1. _____	2. _____
Type of Account _____	Account Number _____
Contact Officer _____	Telephone Number _____

### PLEASE PROVIDE THE FOLLOWING INFORMATION ON PRINCIPALS

Name _____	Home Address _____	City/State/Zip _____	Social Security Number _____	% Ownership _____
Name _____	Home Address _____	City/State/Zip _____	Social Security Number _____	% Ownership _____
Name _____	Home Address _____	City/State/Zip _____	Social Security Number _____	% Ownership _____
Name _____	Home Address _____	City/State/Zip _____	Social Security Number _____	% Ownership _____

### SIGNATURE / RELEASE

It is expressly understood that this constitutes an application only and in itself shall not be binding upon either party. Additionally, I / we authorized Ervin Leasing (and its designee or assignee) to investigate the banks, savings and loan and trade references listed, and if required by Ervin Leasing (and its designee or assignee), to perform personal credit investigations on the corporate principals, partners or proprietor listed above.

Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization: \_\_\_\_\_ Date: \_\_\_\_\_