

# The Advantages of Leasing

## Conservation of Working Capital.

No major capital outlay is required. Working Capital and existing credit lines remain available for other needs and opportunities

## Budget Benefits.

Get the equipment you need using monthly operations expense budget before capital budget is available or if used for other needs

## Flexible Payment Options.

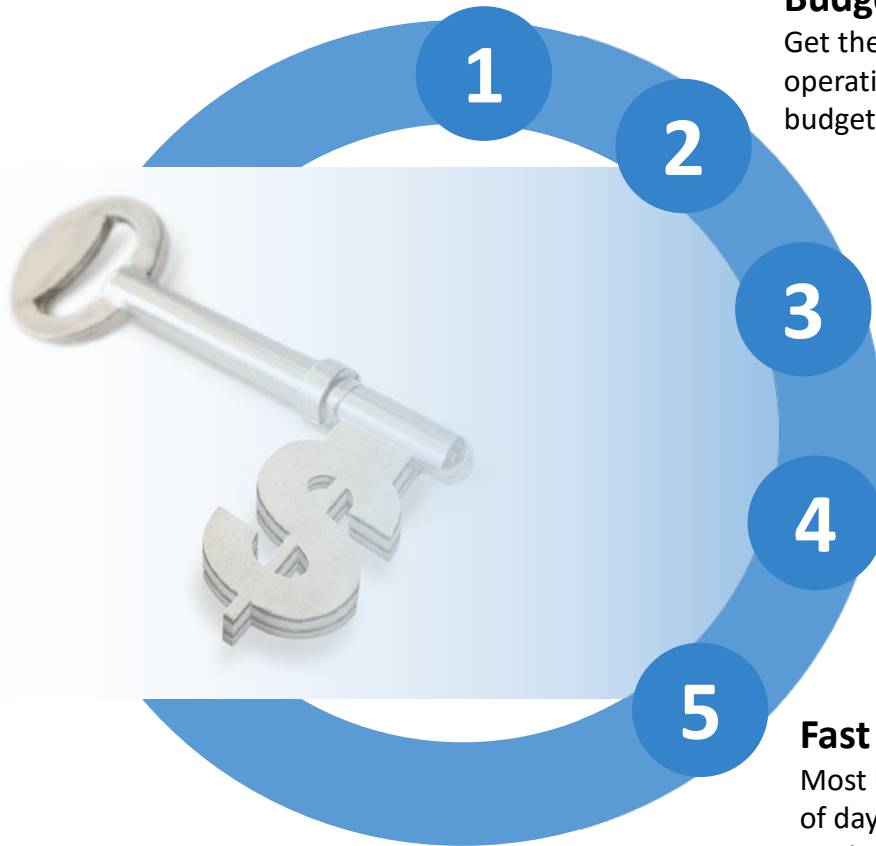
Payments can be structured monthly, quarterly, semi-annually and annually. Typical lease terms of 2-5 years.

## Fixed Rate Financing.

Leasing is not subject to market fluctuations and interest rate increases. Your payment structure is fixed throughout the term of the lease.

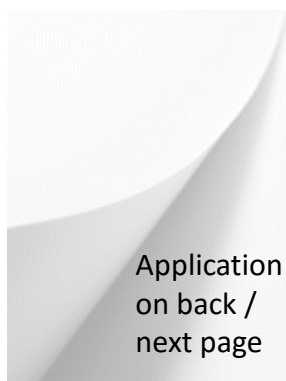
## Fast and Convenient.

Most leases can be approved in a matter of days with a simple and streamlined application process.



## Example Monthly Payments

Term	Leased Amount			
	\$15,000	\$30,000	\$60,000	\$120,000
24 months	\$715	\$1,419	\$2,810	\$5,542
36 months	\$496	\$986	\$1,935	\$3,839
48 months	\$386	\$769	\$1,509	\$2,963
60 months	\$319	\$640	\$1,250	\$2,449



www.joneszylon.com



PO Box 149  
 305 N. Center St.  
 West Lafayette, OH 43845  
 P: 800.848.8160  
 F: 877.632.6344  
 e-mail: [jzsales@joneszylon.com](mailto:jzsales@joneszylon.com)

# LEASE APPLICATION

PLEASE TYPE OR PRINT ALL INFORMATION

<b>APPLICANT INFORMATION:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit		DUN & BRADSTREET #:
FULL LEGAL NAME OF BUSINESS ENTITY "LESSEE":		FED TAX ID #:
DOING BUSINESS AS:		NUMBER OF YEARS IN BUSINESS:
BILLING ADDRESS:	COMPANY PHONE (MAIN NUMBER):	TERM REQUESTED: <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 months
CITY:	COUNTY:	STATE:
STATE:	ZIP:	EQUIPMENT DESCRIPTION:
EQUIPMENT LEASED INSTALLATION ADDRESS:		ESTIMATED COST:
CITY:	COUNTY:	
STATE:	ZIP:	EQUIPMENT VENDOR OR SUPPLIER NAME:
LESSEE CONTACT NAME:		
TITLE:	EMAIL:	
CONTACT PHONE:	FAX:	

**REFERENCE INFORMATION:**

PRIMARY BANK NAME:	ADDRESS OR BRANCH:
BANKING OFFICER:	PHONE:
CHECKING ACCOUNT NO.:	COMMERCIAL OR INSTALLMENT LOAN ACCOUNT NO.

**OWNERSHIP INFORMATION:**

PARTNER, OWNER OR OFFICER / TITLE	% OWNERSHIP	HOME ADDRESS	HOME PHONE	SOCIAL SECURITY NUMBER

Applicant authorizes American Capital, its Service Providers, Banks, Financial Institutions and any credit bureau or other investigative agency engaged by American Capital to investigate, obtain and share information from time to time from any source (including, but not limited to, references listed in the Lease Application) about Applicant's credit standing and responsibility, including, but not limited to, obtaining credit reports and other financial information to evaluate this application and to review Applicant's account. By signing this Lease Application, Applicant authorizes American Capital, its affiliates, and assignees to share Applicant's credit and other information as permitted by law. The Applicant represents and warrants that the requested Lease is not for personal, family or household purposes and is solely for business and commercial purposes.

_____	_____	_____
Signature	Print Name & Title	Date
_____	_____	_____
Signature	Print Name & Title	Date

Email this application to: [jzsales@joneszylon.com](mailto:jzsales@joneszylon.com) or Fax: 877-632-6344