

ONE LEASING COMPANY, INC.

346 Main Street, P. O. Box 111
Chadron, Nebraska 69337
Toll Free 800-642-5823
Fax (308) 432-4332

LEASE CREDIT APPLICATION

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Supplier _____ Date _____
Address _____
Phone () _____
Salesman _____

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Equipment Description _____ Cost _____
Lease term desired _____ months.

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LEASSEE'S BUSINESS INFORMATION

Partnership _____ Proprietorship _____ Corporation _____ Other _____
Business Trade Name _____
Name of Owner or Officers _____
Social Security Numbers _____ Date of Birth _____
Mail Address, City & State _____
Location of Equipment _____
Telephone () _____ Length of Time in Business _____
Nature of Business _____

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LANDLORD/MORTGAGE COMPANY

Landlord or Name of Mortgage Company _____ Phone _____ Contact Person _____
() _____

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BANK

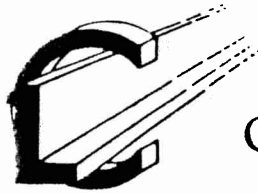
Bank _____ Acct # _____
Phone () _____ Contact Officer _____

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REFERENCES

NAME	PHONE	ACCOUNT NUMBER	CONTACT PERSON
_____	()	_____	_____
_____	()	_____	_____
_____	()	_____	_____

(OVER)



ONE LEASING COMPANY, INC.

346 MAIN STREET,
BOX 111,
CHADRON, NEBRASKA
69337-0111
(308) 432-3378
800-642-5823

RELEASE OF INFORMATION

SIGNATURE - I certify that everything I have stated in this application is correct. By signing below I authorize you to check my credit history.

Applicants Signature

Dated

For information call: 1-800-642-5823 FAX (308) 432 4332
Attention: Nita Spencer

Thank you.

SPECIALIZING IN OFFICE PRODUCTS LEASING