



CONSULT • DESIGN • IMPLEMENT • SUPPORT

## We're more than just office equipment.

*We offer a wide array of programs and services that are valuable to the success of your business.*



### **Equipment Leasing and Financing**

Smart Solutions offers leasing and financing on a wide variety of equipment on a national basis.

### **Franchise Financing**

Franchising is currently one of the fastest growing segments of the US economy. If you are looking for financing for your franchise in order to grow, expand or remodel then Smart Solutions has the financial products and services to help you accomplish your goals.

### **Commercial Loans**

We have the ability to provide commercial loans to a large spectrum of companies on a national basis.

### **Medical Financing Programs**

Smart Solutions can provide a wide variety of leasing and financing solutions to doctors, dentists, chiropractors and hospitals on a national basis.

### **Unsecured Lines of Credit**

Smart Solutions has the ability to provide unsecured lines of credit up to \$150,000.00

### **Buying or Selling a Business**

Smart Solutions has Certified Business Brokers on staff to assist you in buying or selling a business.

### **Business Consulting**

Our staff of professional consultants can assist you in a wide variety of your business consulting needs.

***Please contact us to discuss any of our current programs.***

OFFICE 973.227.4000  
FAX 973.227.4005  
[www.GetSmart1.com](http://www.GetSmart1.com)

OFFICE & SHOWROOM  
330 Fairfield Road  
Fairfield NJ 07004

MAILING ADDRESS  
PO Box 11238  
Fairfield NJ 07004





## APPLICANT INFORMATION

Complete Business Name including DBA Name		Telephone ( )	
Street address	County	FAX ( )	
City, State, ZIP		Years in Business <input type="text"/>	Email
Contact Person		Nature of Business	
Type of Business <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership		Tax ID #	

## PERSONAL INFORMATION

(If a Business, personal information on officers, partner or guarantors)

Name	Social Security #	Email	
Home address	Home Phone	Cell Phone	Title - % Ownership
Name	Social Security #	Email	
Home address	Home Phone	Cell Phone	Title - % Ownership

## VENDOR INFORMATION

## EQUIPMENT INFORMATION

Name	Description		
Business address	Location		
City, State, ZIP	Cost <input type="text"/>	<input type="checkbox"/> Used	<input type="checkbox"/> New
Contact Person	Lease Term	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other	
Telephone                      Email	Lease Plan	<input type="checkbox"/> FMV <input type="checkbox"/> \$1 Buy Out <input type="checkbox"/> Other	

## BANK REFERENCES

Name	Acct. #	Telephone	FAX	Contact Person
Name	Acct. #	Telephone	FAX	Contact Person

## TRADE REFERENCES

Name	Acct. #	Telephone	FAX	Contact Person
Name	Acct. #	Telephone	FAX	Contact Person
Name	Acct. #	Telephone	FAX	Contact Person

## LESSEE AUTHORIZATION TO RELEASE INFORMATION

Applicant agrees that the equipment to be leased is for business, or personal professional use and the undersigned agrees and instructs any person or consumer reporting agency, banking institution or other financial institution to compile and furnish to the lessor or credit provider any information it may have in response to any inquiry regarding the application. The undersigned further states that all statements are true and complete and are made to the lessor to obtain lease financing.

Signature/Title \_\_\_\_\_

Date \_\_\_\_\_

Signature/Title \_\_\_\_\_

Date \_\_\_\_\_