

(800) 882-4683

UVBioTek™
CUSTOMER DATA ENTRY FORM

(518) 747-2294 FAX

Sales Person:		
Amount:	Term:	Fed Tax ID:
Equipment:	# Units:	
Equipment #2:		
Customer Name:	Contact:	
Address:		
City:	Phone #	
State:	Zip:	Fax #
Email Address:		
Landlord:	Landlord Phone:	
Address:	State /County	
		Tax Rate:

NAME OF PRINCIPALS/GUARANTORS

Customer Name:	Title:	Owner:	SS #
Address:	DOB:		
City:			
State:	Zip:	Home Phone:	
		Cell Phone:	
Co-Maker Name:	Title:	SS #	
Address:	DOB:		
City:			
State:	Zip:	Home Phone:	
		Cell Phone:	
Nearest Relative:		Phone:	
Address:			
City:	State:	Zip:	

BANK INFORMATION

Bank Name:	Phone:
Contact:	Account #
Bank Name:	Phone:
Contact:	Account #

REFERENCES

Name:	Phone:	Contact:
Name:	Phone:	Contact:

For the purpose of securing lease financing, I authorize all bank and reference information to be released by telephone or fax to UVBioTek™ or its affiliated leasing co.

1st Applicant Signature

2nd Applicant Signature

Date