

CONSUMER LEASE APPLICATION



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* = denotes required fields

INITIAL FUNDING INFORMATION

* EQUIPMENT TYPE:

Exercise Equipment - Armwrestling Table

Total Funded Amount: \$ _____

GUARANTOR INFORMATION (Equipment User)

* NAME _____

* ADDRESS _____

* SS # _____ DATE OF BIRTH _____

* PHONE _____

* CITY _____ * STATE _____ * ZIP _____

EMPLOYER _____

OWNS RESIDENCE: YES NO

TITLE _____

YEARS AT RESIDENCE: _____

EMAIL ADDRESS _____

PERCENT OWNER: _____ %

DEALER INFORMATION (Equipment Provider)

DEALER OFFICE: Combat Armsports - TEXAS

SALESPERSON: Brady Ellis

The undersigned applies for the Lease indicated in this application. Everything stated in this application is correct. TimePayment Corp. and its authorized affiliates may retain the application whether or not the Lease is approved. TimePayment Corp. and its authorized affiliates are authorized to check my credit for the purposes of determining my credit worthiness at the time of my application or thereafter in connection with the same transaction or extension of credit and for the further purpose of reviewing the account, taking collection activity on the account, and skip tracing. TimePayment Corp. and its authorized affiliates are authorized to provide history information to others about my credit standing and your credit experience with me, including but not limited to credit bureaus, other companies, outside collection agencies and outside attorneys.

*APPLICANT (Guarantor)

Authorized Signature _____

Print Name _____ Date _____