



# **Lance**

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## **Leasing Ltd.**

*FINANCING*  
*EYE CARE*  
*PROFESSIONALS*  
*SINCE 1975*  
**(800) 732-8700**

### **QUICK CREDIT APPLICATION**

Approximate Cost \$ \_\_\_\_\_

Name \_\_\_\_\_

S.S. # \_\_\_\_\_

Tax ID # \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

I authorize Lance Leasing Ltd. to verify any credit information from whatever source it deems appropriate and I further authorize our banks, trade references and financial institutions the right to release by telephone, by fax or by electronically transmitted means, all credit information.

X \_\_\_\_\_

Signature

104 S. Central Ave., Valley Stream, NY 11580

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