Vendor Name _____

Vendor Code _____

Dedicated to Outstanding Customer Service

388 South Oyster Bay Road Hicksville, NY 11801 **TEL:** 516-935-6277 **TOLL FREE:** 866-396-2754 **FAX:** 516-935-1701
EMAIL: info@barclaysquareleasing.com

LEASE VERIFICATION CHECKLIST

Business Name: _____

MID# _____

Equipment _____ Serial # _____

Equipment _____ Serial # _____

Equipment _____ Serial # _____

ALL QUESTIONS MUST BE **INITIALED** BY GUARANTOR(s)

Has the above equipment been installed?	Yes _____
Have you been trained on its use?	Yes _____
The lease amount is $ _____ (excludes sales tax & insurance Non-compliance)	Yes _____
Sales Tax Rate _____%	
The lease term is _____Months	Yes _____
This lease is **non-cancelable**:	Yes _____
Payment will be deducted automatically via ACH	Yes _____
I understand this lease is in no way affiliated with any pre-existing lease I may have, and I am responsible for all lease payments.	Yes _____
Any agreements that I have made with my sales representative in no way alters the terms of this lease agreement.	Yes _____
Do you agree to the terms?	Yes _____

X_____ _____ _____
Guarantor's Signature **Print Name** **Date**

X_____ _____ _____
Co-Guarantor's Signature **Print Name** **Date**