

OMH Innovations, Inc. USA

The right answer to your rock & soil sorting and recycling needs.

Please contact Darren Kirkwood Telephone: 509-994-4650
Return Fax To: 509-292-0769 OR Email: Darren@OMHProscreen.com

COMMERCIAL LEASING APPLICATION BUSINESS (check one): Proprietorship Partnership Corporation

Full Legal Name: _____ Tax ID# _____

Operating Name (DBA): _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: Home: _____ Cellular: _____ Fax: _____

How long in business: _____ Business Description: _____

Contact: _____ Email: _____

BANK Bank Name: _____ Branch: _____

Phone: _____ Account Mgr: _____ Acct#: _____

Principal (please complete for all PROPRIETORSHIPS or if your corporation is less than three years in business)

Last Name: _____ First Name: _____

Date of Birth: _____ SSN: _____
Month / Day / Year

Home Address: _____ Length of time at address: _____

City: _____ State: _____ Zip Code: _____

Own Rent Mortgage / Rent Pmt: _____ Value of Home _____ Mortgage Balance: _____

VENDOR AND EQUIPMENT Vendor Name: _____ Branch: _____

Phone: _____ Sales Rep: _____ Equipment Cost: _____

Term Requested: _____ New Used

Equipment Model & Description: _____

The undersigned consents to OMH Innovations Inc USA collection, use, and disclosure to its affiliates, credit bureaus, reporting agencies, financial institutions, and businesses with whom each of the undersigned has had financial relationships and other references provided in support of this application (and disclosure by these parties to OMH Innovations Inc. USA), of the information provided herein and credit and financial information obtained from the above sources for the purposes of obtaining and using a credit information report and verifying current and ongoing creditworthiness of each of the undersigned and other information provided in connection with this application. OMH Innovations Inc. USA may disclose credit and financial information connected with this application to future creditors and lenders that request credit references. SSN's (if provided) and other personal identifiers will be used solely for matching of credit bureau / reporting agency information and/or verifying the identity of the undersigned. The agreement for the above purposes and the purposes described in the related lease, finance or rental agreement if your application is approved, you authorized us to collect, hold, use exchange and disclose your personal information, as required, in order to administer your contract, determine your insurance eligibility, and secure the assets being financed, or as required or permitted by law. You also authorize us to use your personal information for internal statistical analysis purposes. We will keep a file containing some or all of your personal information at 30627 N Hardesty Road Chattaroy, WA 99003 You have a general right to access and rectify the personal information in this file by making a written request to the above address.

Date: _____ Signature: _____

Your OMH Innovations Inc. USA Division Representative - Darren Kirkwood

Mail: 30627 N Hardesty Rd., Chattaroy, WA 99003

Online: www.omhproscreen.com

Phone: 509-994-4650

Fax: 509 292-0769