



POWDER COATING SUPPLY, USA, LLC
 1569 PRODUCTION DR. STE. A
 BURLINGTON, KY 41005
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 Fax: (859) 282-0113
 www.powdercoatingsupply.com

Contact: Keith Greene

LESSEE INFORMATION:

COMPANY _____	Mike Choma
DBA NAME _____	Innovative Capital Corp.
STREET _____	888-869-0070 x201 Fax# 732-564-9262
CITY _____ STATE _____	
CONTACT _____ ZIP _____	TYPE OF BUSINESS _____
PHONE _____ FAX _____	FED TAX ID# _____
BUSINESS STRUCTURE	Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC/LLP <input type="checkbox"/>
Business Start Date _____	

EQUIPMENT INFORMATION:

EQUIPMENT COST <i>(excluding sales tax)</i> _____	TERM _____	OPTION _____
EQUIP. LOCATION <i>(if different from above)</i> _____	COUNTY _____	
EQUIPMENT DESCRIPTION <i>(mfg./make/model)</i> _____		

TRADE REFERENCE:

COMPANY _____	CONTACT _____	PHONE _____
COMPANY _____	CONTACT _____	PHONE _____

BANK REFERENCE (Business checking):

LEASE OR LOAN REFERENCE: (provide if your request is over \$50,000)

BANK _____	CREDITOR _____
ACCT # _____	ACCT # _____
CONTACT _____	CONTACT _____
PHONE _____	PHONE _____

*** (if account less than 2 years please provide previous bank information)*

BUSINESS OWNER/OFFICERS : (state ownership percentages if more than 1 owner)

NAME _____	NAME _____
STREET _____	STREET _____
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
TITLE _____ SS# _____	TITLE _____ SS# _____

AUTHORIZATION TO RELEASE INFORMATION:

The undersigned individual(s), who have agreed to serve as guarantors of the payment obligations of the applicant and who also recognizes that his or her individual credit history may be a factor in evaluation of the credit of the applicant, hereby provides written authorization to Innovative Capital Corp. and its funding source to obtain, use, review and consider the personal credit report, and to contact banking and other appropriate credit references of the undersigned individual(s) in connection with the requested financing for the applicant. The aforesaid authorization shall extend to the applicant's request for financing and to any subsequent requirements as renewal or extension of further credit, collection or updating the applicant's account. By signing below, the undersigned individual(s) hereby (a) affirm their respective identity as the individual(s) identified herein and that their signatures below are their true and accurate signature, (2) provide upon request an original signature of the within authorization and (3) agree that a Photostat or facsimile copy of this authorization shall be valid and may be used as if it were an original.

APPLICANTS SIGNATURE _____, individually	APPLICANTS SIGNATURE _____, individually
And Not in any other capacity	And Not in any other capacity

PLEASE FAX BACK TO (732) 564-9262