COMPUTER MATE, INC.

HealthCare IT REPS

"Shaping the future of Healthcare Automation"

Lease Application

BUSINESS NAME _____

BUSINESS ADDRESS _____
(STREET) (CITY) (STATE) (ZIP CODE)

WEB SITE ADDRESS_____E-MAIL_____

TELEPHONE _____FAX_____CONTACT _____

NATURE OF BUSINESS _____YRS. IN BUSINESS _____

PROP. _____ CORP. _____ PARTNERSHIP _____ STATE _____ COUNTY_____

PRESIDENT/OWNER _____SS#_____% OF OWNERSHIP _____

HOME ADDRESS _____

SOCIAL SECURITY # _____ TELEPHONE NUMBER _____

V.P./PARTNER _____% OF OWNERSHIP _____

HOME ADDRESS _____

SOCIAL SECURITY #_____ TELEPHONE NUMBER _____

BANK _____ BRANCH _____

TELEPHONE _____ ACCOUNT # _____

OFFICER _____CHECKING _____ LOAN _____SAVINGS _____

TRADE REFERENCES _____ PHONE # _____

TRADE REFERENCES _____PHONE # _____

TRADE REFERENCES _____PHONE # _____

EQUIPMENT VENDOR _____ TELEPHONE _____CONTACT _____

EQUIPMENT SELLING PRICE _____ EQUIPMENT DESCRIPTION _____

By signing below, the undersigned, which is either a principal of the applicant or a personal guarantor of its obligations, provides written instruction to Computer Mate, Inc. or its assigns authorizing review of his/her personal credit bureau and authorizing applicant's bank and credit references to release credit information on applicant to Computer Mate, Inc. and its assigns. Such authorization shall extend to obtaining a credit file in considering this application for reviewing or collecting the resulting account. A Photostat or Facsimile copy of this authorization shall be valid as the original. By signature I affirm my identity as the individual identified in this application.

SIGNED _____ DATE_____

SIGNED _____ DATE_____

Computer Mate, Inc. 12766 W. Dixie Hwy Miami, FL 33161
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