



Commerical Lease Application

Rev. GEA012011

(PRINT CLEAR AND LEGIBLE)

VENDOR INFORMATION - TO BE COMPLETED BY VENDOR

VENDOR NAME Health Is Wealth Maui LLC				TELEPHONE 808-572-2995	
ADDRESS PO Box 792040		CITY Paia	STATE HI	ZIP CODE 96779	FAX NUMBER
CONTACT NAME Francesco Volponi or Kalon Prensly		TITLE Sales and Service			CONTACT TELEPHONE 888-824-7558

EQUIPMENT INFORMATION - TO BE COMPLETED BY VENDOR

DESCRIPTION	EQUIPMENT COST
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LESSEE INFORMATION - TO BE COMPLETED BY LESSEE

FULL LEGAL NAME		DBA NAME			TELEPHONE
ADDRESS		CITY	STATE	ZIP CODE	NATURE OF BUSINESS
TYPE OF BUSINESS (select) <input type="checkbox"/> CORP <input type="checkbox"/> PROP <input type="checkbox"/> PARTNER <input type="checkbox"/> LLC		YEARS IN BUSINESS YR MO		NO. OF EMPLOYEES	TAX ID
CONTACT PERSON		WEBSITE		E-MAIL	

PERSONAL INFORMATION - TO BE COMPLETED BY LESSEE

OFFICER 1		TITLE			E-MAIL		SHARE %
HOME ADDRESS		CITY	STATE	ZIP CODE	SOCIAL SECURITY NO.	DOB	
PERSONAL RESIDENCE <input type="checkbox"/> OWN <input type="checkbox"/> RENT		VALUE OF HOME	MORTGAGE AMOUNT		HOME TELEPHONE		
OFFICER 2		TITLE			E-MAIL		SHARE %
HOME ADDRESS		CITY	STATE	ZIP CODE	SOCIAL SECURITY NO.	HOME TELEPHONE	
PERSONAL RESIDENCE <input type="checkbox"/> OWN <input type="checkbox"/> RENT		VALUE OF HOME	MORTGAGE AMOUNT		HOME TELEPHONE		

TRADE REFERENCES - TO BE COMPLETED BY LESSEE

NAME	CONTACT	TELEPHONE
NAME	CONTACT	TELEPHONE
NAME	CONTACT	TELEPHONE

BANK INFORMATION - TO BE COMPLETED BY LESSEE

BANK NAME		BRANCH		TYPE OF BUSINESS (select) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN		
CONTACT NAME		TELEPHONE	ROUTING	ACCOUNT NO.		
BANK NAME		BRANCH		TYPE OF BUSINESS (select) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN		
CONTACT NAME		TELEPHONE	ROUTING	ACCOUNT NO.		

AUTHORIZATION

By signing below, each undersigned individual(s), who either a principle of the credit applicant listed below, or a personal guarantor of its obligations, provides written instruction to JR Saver, Inc. or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purposes of update renewal, or extension of such credit and for reviewing or collecting the resulting account. A photocopy or facsimile copy of this authorization shall be as a valid original. In addition to authorizing review of my/our credit profile from any national credit bureau the undersigned also authorizes my/our financial institutions and creditors to release credit information required by JR Saver, Inc. or its designee (and any assignee or potential assignee thereof).

A signature is required for JR Saver, Inc. to be able to process your application.

SIGNATURE	NAME & TITLE	DATE
SIGNATURE	NAME & TITLE	DATE

FAX FORM TO: 561-922-5736 OR E-MAIL TO: CREDIT@JRSAVER.COM