

Delivery and Acknowledgement Form



401 Hall St. SW Suite# 334
 Grand Rapids, MI 49503
 Fax to: 888.943.6790 Phone: 888.943.6789
 Email to: admin@azuraleasing.com

Lease Information

Agreement Number				
Relationship Code (RC) Number: 103788				
Merchant Number:				
Guarantor Name:		Merchant Business Phone:		Merchant Contact Phone:
Term:		Payment Amount \$:		Number of Assets:
Email Address:		Merchant Name:		
Location of Equipment:	Street Address:	City:	State:	ZIP:
Make/Model:	Serial Number:		Delivery Date:	
Make/Model:	Serial Number:		Delivery Date:	
Make/Model:	Serial Number:		Delivery Date:	
Make/Model:	Serial Number:		Delivery Date:	
Make/Model:	Serial Number:		Delivery Date:	
Make/Model:	Serial Number:		Delivery Date:	
Make/Model:	Serial Number:		Delivery Date:	

Important Information for Merchant

- Merchant will receive a welcome letter by mail detailing Merchant's first payment due date
- A one-time interim rent charge will be assessed for each day from the day Merchant received the equipment to the first payment due date

Merchant authorized representative initials required and clear legible driver license, state ID or passport required of Merchant authorized representative.

Merchant Hereby Certifies That:

The equipment Merchant seeks to lease and which is identified above ("Equipment") has been delivered to Merchant's business location identified above. Merchant acknowledges that it has received a copy of Equipment Lease Agreement identified above ("Lease"). The undersigned has read and understands the terms and conditions of the Lease and by the undersigned's signature below irrevocably accepts the Equipment for all purposes under the Lease and authorizes Lessor to pay the vendor the purchase price of the Equipment. Merchant understands that Lease is non-cancelable for its full term. Merchant's Lease payments will be automatically deducted from Merchant's designated business checking account on the same day each month during the term of the Lease as the first payment date referred to above or the next succeeding business day if a designated payment date during a particular month is not a business day.

Merchant Authorized Representative Signature X _____
 Title _____
 Acknowledgement Date _____