



FUNDING TRANSMITTAL FORM

Broker Information:

Sales Rep:	Broker Company:	
Street Address:		
City:	State:	Zip:
Email:	Phone:	Fax:

Lease Information:

Lessee Name:		
Equipment Cost:		Residual Option:
Total Monthly Payment:	Term:	Advance Payments:
Sales Tax Attributed Per Payment:		Security Deposit:
Lessor Doc Fee:		Other Fees Paid to ALL:

Rate Information:

Buy Rate:	Points:	Sell Rate:
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Commission Information:

Gross Commission:	(+) Broker Doc Fees:
(-) Prepayments Received*:	(=) Net Commission Due:

**(Enter as a negative number)*

Broker Check Preference:

PICK UP IN PERSON
 OVERNIGHT
 REGULAR MAIL

Vendor Payment Preference:

WIRE
 OVERNIGHT

-----FOR INTERNAL USE ONLY (DO NOT WRITE BELOW THIS LINE) -----

Approved On: _____ By: _____

Funding Check # or Wire Confirmation #: _____ On _____

Broker Check #: _____ On _____