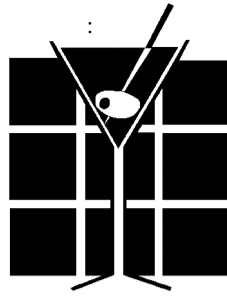


LESSEE NAME AND ADDRESS

Business Name (Legal) _____
 Trading as (d/b/a) _____
 Address _____
 City, St., Zip _____
 Phone () _____ Fax () _____
 Contact Person _____



Total Liquor Controls

164 Monmouth Street
 Red Bank, NJ 07701

ABNJ@Verizon.net

732-842-3036 Phone

732-842-3060 Fax

www.BarControlSystems.com

EQUIPMENT TO BE LEASED

Description: _____
 Location (if different from above): _____
 Total Price without Tax \$ _____ Lease Term (Months) _____
 Monthly Payment \$ _____ No. Advance Rentals _____

CORPORATE DATA

G Corporation		G Proprietorship		G Partnership		G Non profit	
Type of Business:				Yrs. Est.		State Inc.	
Name of Principal of Firm:				Address			
Ownership %:		Title		Soc. Sec. No.		Home Phone	
Name of Principal of Firm:				Address			
Ownership %:		Title		Soc. Sec. No.		Home Phone	

BANK REFERENCES

(Prior Bank required if less than two year history)

(1) Bank Name		Address		Phone ()	
Bank Officer		Account Nos./Type (list checking and loan account nos.)			
(2) Bank Name		Address		Phone ()	
Bank Officer		Account Nos./Type (list checking and loan account nos.)			

TRADE REFERENCES

To whom paid	City/State	Phone	Account No.	Contact
		()		
		()		
		()		
		()		

SIGNATURE - Please read carefully -

In considering this request from you, we will rely heavily on the information which you have supplied. It is most important that the information be accurate and complete. It is a federal crime to make a false statement on this application.

By signing this application, you represent and warrant the accuracy of the information and you acknowledge having read the Fair Credit Reporting Act disclosure, which is printed below.

by: (X) _____
 Signature

_____ Date

Fair Credit Reporting

In connection with the administration of loans and leases, Lessor may request a routine investigative consumer report concerning my character, general reputation, personal characteristics, and mode of living, whereby information is obtained through interview with neighbors, friends or others with whom I am acquainted. If such a report is requested, detailed information about the nature and scope of this investigation will be made available to me upon my written request within a reasonable period of time.

BANK INFORMATION RELEASE

Bank _____ Attention: _____
 Address _____
 Phone No. () _____ Fax No. () _____
 Customer Name _____ Account Number(s) _____

Lessor will be requesting information by telephone on all accounts maintained at your bank. Please accept this release as authorization to provide the requested information.

X _____ (Customer authorized signature)

_____ Date

Please FAX to 732-842-3060