

APPLICATION

LESSEE

Legal Name: _____ Stock Symbol: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Business Type: Corporation Sole Proprietorship Partnership Non-Profit Year Founded: _____

Business Description: _____ Fed Tax ID: _____

Primary Contact: _____ Email Address: _____

PRINCIPAL(S)

Principal Name: _____ Title: _____

% of Ownership: _____ SSN: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Principal Name: _____ Title: _____

% of Ownership: _____ SSN: _____

Home Address: _____

City: _____ State: _____ Zip: _____

EQUIPMENT/SOFTWARE

Opware Contact Name: _____ Phone: _____

Estimated Amount of Lease: _____ Term (months): 12 24 36 48 60

The undersigned certifies that the information provided above is accurate, and as principal and/or guarantor for the applicant, authorizes Carahsoft Technology Corp., its designee, assigns or potential assigns, to receive, review and exchange credit information provided by national credit bureaus and other persons about the lessee and/or its owners and principals for the purpose of the update, renewal or extension of credit to the applicant.

Authorized Signature

Print Name

Date

Please fax completed application forms to Carahsoft at (703) 871-8505.

For more information contact:

Natalie Gregory, Carahsoft, 12369 Sunrise Valley Drive, Suite D2, Reston, VA 20191; 703- 871-8500; opswareleasing@carahsoft.com