

Lessee's Legal Name:	c	APITAL SOLUTIONS			
Lessee's Address:	HILL WHILE DEPOSIT	Cleveland		ОН	44111
Address Signor's Name:	Title	City Member	County	State No:	e Zip
	Title.	Wiembei	Filone	e No.	
EQUIPMENT DESCRIPTION Quantity, Description, Model No., Catalogue No., Ser	ial No., or Other Identification				
Check Cashing System	13 DATAS				
TERMS OF LEASE / PAYMENT SCH	FDILE				
AMOUNT OF EACH PAYMENT	TERM TYPE	No. of Advance	NET TERM	INITIA	AL DEPOSIT
(Includes 8% Sales Tax)		Payments	(Months)		2,002.26
\$851.13	Monthly	2	60	(Includes a \$300	0.00Securitization Fee)
 TERMS/CONDITIONS. Ability Capital Lessee, based upon Lessor's preliminary invest TYPE OF LEASE. The lease shall be a trainited to, maintenance, taxes (other than the including, but not limited to, indemnifications at a state of the state o	igations and discussions with Leading and the Leading and the net incomparison and the net incomparison all hazards, liabilities, do is the subject of the lease (the discretizes will be limited to 20 med unconditionally guarantees and waives notice of any modiful the undersigned further agrees	essee. This proposal superousesee is responsible for all extra of the Lessor), insurance amages and risks of loss. "Equipment") shall consist 19% of finance amount. The statement of a fication, amendment or extend that in the event of default.	edes any previous writeres related directly ecoverage, etc. The of the items noted ab Company shall keep to the items and condition insion of the lease and by Lessee of any of the	itten or verbal offering y or indirectly to the t Lessee is responsible ove, and any other iter the Equipment located as of the lease and the I this agreement without terms or conditions of	made to Lessee. ransaction, including, but no for certain indemnifications ms approved by Lessor. Soft within the continental United to prompt payment of all sum out releasing or impairing the first the lease or this agreement.
Lessor shall have the right to pursue all legal refurthermore, the undersigned guarantees paymed INITIALS X 5. RENTAL ADJUSTMENT. The lease rates Note. The lease rate and other terms quoted Commencement Date, or in the event that matemade by Lessor that Lessee's creditworthiness of the commencement Date.	ent and performance of Lessee' and other terms quoted in this d are subject to change in the crial information/diligence item	s obligations due or to become proposal have been calculate event such Treasury Not are not disclosed or there	me due under any con ted, in part, using an ites yields fluctuate m	tract to which Lessor a	and Lessee are parties. corresponding U.S. Treasursis points prior to the lease
6. LEGAL. This Lease Offer shall be conside accordance with the laws of the State of Califor State or Federal Court located in the State of Ca	mia. The Lessee submits and o	City of Long Beach, Counconsents to the exclusive jur	ity of Los Angeles, in isdiction of any claim	the State of California s or causes of action a	ia and shall be interpreted in rising out of this offer in an
7. LEASE PAYMENT - INITIAL DEPOSIT the indicated payment due date immediately fo date and at the office of Lessor or to such other by the Lessee, which shall be applied to the Ad agreement, each as noted above. This proposal and expense in considering and processing the all documentation and information required by Lessor's request) to provide final approval as transaction, then the Initial Deposit will be considered to a supply the required documents and infinancial condition of the Lessee or any Guaran Lessor does not provide final approval as noted Deposit, less processing and due diffigence expension.	llowing the Equipment accepta person or place as Lessor may vance Payments and to the Sec is subject to receipt of final docease transaction, Lessee agrees y Lessor from Lessee (which noted above. If Lessor provious dered a processing fee earned information required by Lessor tor, or if any material misrepres I above within the twenty (20) insecting the person of the process incurred by Lessor in consistent of the person of the pers	designate in writing. The lateritization Fee which is nor cumentation and final Equip that Lessor shall have from documentation and informates final approval and Less by Lessor. The Initial Deport or otherwise comply with sentation is made by Lessee day limit referenced above, sidering the transaction, will	nent Date"). Lessee sl nitial Deposit noted a n-refundable and fully ment/credit approval in now until twenty (20 ation Lessee shall pro- ee does not fulfill its osit shall be retained a the terms of this agr in connection with the and Lessee revokes it be returned to Lessee	nall pay Lessor said pa pove is required upon earned by Lessor upon earned by Lessor upon by Lessor. In consider by business days from the vide to Lessor within commitment with res is liquidated damages be eement, there is a made documents and infort acceptance in writin within thirty (30) days	ayments on or before the due acceptance of this agreemen in Lessee's acceptance of this ration of Lessor's time, effor he date of Lessor's receipt on seven (7) business days of spect to completing the lease by Lessor in the event Lesser aterial adverse change to the mation provided to Lessor. In the the thing thereafter, Lessee's Initials of Lessee's written request.
8. STATUTORY FINANCE LEASE. Lessee 2A of the Uniform Commercial Code. Lessee a Equipment. Lessee acknowledges that Lessor h or supplied the Equipment. LESSEE ACCEPTANCE Authorized Signature X	cknowledges and agrees that L as not participated in any way	essee shall select both: (1) t	he Equipment; and (2)	the Supplier from wh	nom Lessor is to purchase the
LESSOR ACCEPTANCE	en en				
Authorized Signature X			Date		

Date ____



Check-By-Email Form

Customer Name:					
Name on Checking Account:					
Checking Account No.:					
Routing Number:					
Bank Name:					
Check Number:					
Dollar Amount:					
Place in the Box below the Completed Check with the Words "Check By Email" in the Re Line Please Email This Completed Form and the Check to Rodney.rambo@abilitycapitalsolutions.com.					
Place Copy Of Check Here Or Email On Separate Page					
On behalf of, I authorize Ability Capital Solutions to accept the					
check above and create a bank draft/check with the information. Note: The emailing of this form					
and the digital image of the check constitute authorization to negotiate the					
facsimile check one time only in the amount of the check. Retain the original check as a receipt					
of payment.					
THE SIGNATURE ON THE CHECK MUST MATCH THE SIGNATURE ON THE FORM.					
By: Dated:					