

PLEASE PRINT ALL INFORMATION

LESSEE

COMPANY NAME: _____ FEDERAL ID#: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ CONTACT: _____

TYPE OF BUSINESS: _____ YEARS IN BUSINESS AT CURRENT LOCATION: _____
 PROPRIETORSHIP PARTNERSHIP CORPORATION

OWNER #1: _____ OWNER #2: _____ OWNER #3: _____

ATTACH SEPARATE LIST IF NECESSARY

EQUIPMENT TO BE LEASED

MANUFACTURER: _____

DESCRIPTION: _____

NO OF UNITS: _____ MODEL #: _____ CONDITION: _____ IF USED, YEAR MANUF.: _____

VENDOR NAME: _____ PHONE #: _____

VENDOR ADDRESS: _____ CONTACT PERSON: _____

EQUIPMENT LOCATION (if different than Lessee address)

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SCHEDULE OF PAYMENTS

TERMS OF LEASE IN MONTHS: _____ AMOUNT OF EACH PAYMENT: _____ SECURITY DEPOSIT: _____

TRADE REFERENCES

NAME OF SUPPLIER: _____ ADDRESS: _____ PHONE #: _____ CONTACT PERSON: _____

NAME OF SUPPLIER: _____ ADDRESS: _____ PHONE #: _____ CONTACT PERSON: _____

NAME OF SUPPLIER: _____ ADDRESS: _____ PHONE #: _____ CONTACT PERSON: _____

BANK REFERENCE - TWO YEAR HISTORY

NAME OF BANK/BRANCH: _____ CITY/STATE: _____ PHONE # : _____

ACCOUNT NUMBER: _____ CONTACT OFFICER: _____

PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS

NAME: _____ DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

HOME ADDRESS: _____ CITY/STATE/ZIP: _____ HOME PHONE #: _____

NAME: _____ DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

HOME ADDRESS: _____ CITY/STATE/ZIP: _____ HOME PHONE #: _____

AUTHORIZATION

I HEREBY AUTHORIZE ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER PERSONS PERTAINING TO MY CREDIT AND FINANCIAL RESPONSIBILITY. LEASE PAYMENT AMOUNT IS SUBJECT TO CREDIT APPROVAL BY LEASING SOURCE.

NAME (PRINT) _____ TITLE _____ SIGNATURE _____ DATE _____



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Lease Application