

## EQUIPMENT LEASE APPLICATION

NAME OF COMPANY	FED ID#	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP	TIME IN BUSINESS	PHONE NUMBER
PRIMARY CONTACT	EMAIL ADDRESS		YRS.	FAX NUMBER
ADDRESS		(CITY)	(STATE)	(ZIP)
				CELL PHONE NUMBER
			TYPE OF BUSINESS	

DESCRIPTION OF EQUIPMENT	<input type="checkbox"/> NEW <input type="checkbox"/> USED COST \$ _____  Term of Financing _____ (24/36/48/or 60 months)	NAME AND ADDRESS OF VENDOR
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ADDRESS WHERE EQUIPMENT WILL BE LOCATED (city, state, zip, county)	NAME AND PHONE NO. OF VENDOR CONTACT
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### OWNERS - OFFICERS - GUARANTORS

NAME	TITLE	% OWNERSHIP	HOME ADDRESS (CITY, STATE, ZIP)	SOCIAL SECURITY NO.
				<input type="checkbox"/> OWN <input type="checkbox"/> RENT
				<input type="checkbox"/> OWN <input type="checkbox"/> RENT
				<input type="checkbox"/> OWN <input type="checkbox"/> RENT

BUSINESS FACILITIES	<input type="checkbox"/> RENT <input type="checkbox"/> LEASE <input type="checkbox"/> OWN	LANDLORD OR MORTGAGEE	ADDRESS	PHONE NUMBER
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### BANK - FINANCE - LEASING REFERENCES

NAME	OFFICER	PHONE NO.	TYPE OF ACCOUNT	ACCOUNT #

### TRADE REFERENCES

NAME	ADDRESS	PHONE NO.	CONTACT

INSURANCE AGENT	ADDRESS	PHONE NO.
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**CHECK LIST: \_\_\_ Completed Application \_\_\_ Dealer Invoice \_\_\_ Front Page of the last 3 month's Bank Statements**

**PLEASE READ BEFORE SIGNING**

THE UNDERSIGNED INDIVIDUAL, RECOGNIZING THAT HIS OR HER INDIVIDUAL CREDIT HISTORY MAY BE A FACTOR IN THE EVALUATION OF THE CREDIT OF THE APPLICANT, HEREBY CONSENTS TO AND AUTHORIZES THE ABOVE NAMED BUSINESS CREDIT PROVIDER AND ANY ASSIGNEE, LENDER OR FUNDING SERVICE THAT MAY BE UTILIZED TO OBTAIN AND USE A CONSUMER CREDIT REPORT ON THE UNDERSIGNED, NOW AND FROM TIME TO TIME, AS MAY BE NEEDED IN THE CREDIT EVALUATION AND REVIEW PROCESS AND WAIVES ANY RIGHT OR CLAIM THEY WOULD OTHERWISE HAVE UNDER THE FAIR CREDIT REPORTING ACT IN THE ABSENCE OF THIS CONTINUING CONSENT. THIS REQUEST SHALL ALSO INCLUDE PAYMENT HISTORY AND CREDIT BALANCES FOR TRADE REFERENCES AS WELL AS BALANCE ON DEPOSIT AND BANK/LOAN REFERENCES. I HEREBY AUTHORIZE ANY PHOTOSTATIC COPIES OF THIS AUTHORIZATION.

Company Name \_\_\_\_\_ Date \_\_\_\_\_  
 Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_