



BUSINESS LEASE APPLICATION

| | | | | | |
|---|--------------|--|---|---|-------|
| Name of Company | | | Tax ID# | | |
| Address (Street, City, State, ZIP) | | | Phone Number | | |
| Equipment Location (Street, City, State, ZIP) | | County | Phone Number | | |
| Authorized Officer Handling this Lease | Title | Cell Phone Number | Email Address | | |
| Type of Business Product | Year Started | Date of Proprietorship <input type="checkbox"/> | Date of Partnership/LLP <input type="checkbox"/> | Date of Incorporation/LLC <input type="checkbox"/> | State |

EQUIPMENT (ATTACH INVOICE OR QUOTATION IF AVAILABLE)

| | | |
|-----------------------|----------------|------------------------|
| Equipment Description | Lease Factor | Equipment Cost |
| | Lease Payments | Installation / Freight |
| Vendor Contact | Term | Total Cost |

BANK REFERENCES

| | |
|---------------------------|---------------------------|
| Bank Name and Address (1) | Bank Name and Address (2) |
| Officers Name & Phone | Officers Name & Phone |
| Checking Account Number | Checking Account Number |

TRADE REFERENCES

| | | | |
|---|-----------------|--------------------------|-----------------|
| Landlord / Mortgage Holder Name and Address | | Contact and Phone Number | |
| Supplier (1) | Contact & Phone | Supplier (3) | Contact & Phone |
| Supplier (2) | Contact & Phone | Supplier (4) | Contact & Phone |

COMPANY'S LEASING REFERENCES (EQUIPMENT / AUTO / OTHER)

| | | |
|----------|------------------------------|-------|
| Name (1) | Address, City, State and ZIP | Phone |
| Name (2) | Address, City, State and ZIP | Phone |

INSURANCE INFORMATION

| | |
|------------------------------|-----------------|
| Insurance Company or Broker | Name of Insured |
| Agent | Phone |
| Address, City, State and ZIP | |

Has the Applicant or any Guarantor ever had
 Repossession Bankruptcy Judgement None

Explain _____

Applicants Statement: Company has answered the questions in this application fully and truthfully. Company understands that Lessor may check Company's credit record and any statements Company has made. Company gives all of its creditors permission to give Lessor any information Lessor needs to determine whether Lessor wants to grant Company credit. Company gives Lessor permission to give credit reporting agencies and other creditors information relating to any credit Lessor might grant Company.

AUTHORIZED SIGNATURE

TITLE

DATE

| | | | |
|----------------------------------|---------------------|-----------------------------------|-------|
| President / Owner / Partner | Social Security No. | Home Address, City, State and ZIP | Phone |
| Vice President / Owner / Partner | | | |
| Secretary / Owner / Partner | | | |

"The undersigned consents to and authorizes Lessor from time to time to obtain and use a consumer credit report on the undersigned. Lessor will use the report to evaluate the creditworthiness of the undersigned as principal(s), Proprietor(s), and/or guarantor(s) as contemplated by this credit application consistent with the law"

| | | |
|-----------|-----------|-----------|
| Signature | Signature | Signature |
| SS# | SS# | SS# |