



Lease Application

Lessee

Company Name:			
DBA:		Fed ID No:	
Street Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Equipment Location(Physical Address):			
Business Phone: ()	Fax No: ()	Mobile No: ()	
Contact Name(s):			
e-mail:	CCB No:	CDL No:	

Nature of Business:	
Business Start Date:	Current Ownership (Years):
Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship	

Bank References		Trades	
Bank:		SUPPLIER 1:	
Branch:		Telephone: ()	
Account No:		Account No:	
Bank Telephone: ()		SUPPLIER 2:	
Contact Person:		Telephone: ()	
Account Type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other		Account No:	

Officers/Owners/Partners			Officers/Owners/Partners		
Name #1:			Name #2:		
Title:	SSN:		Title:	SSN:	
Residence:			Residence:		
City:	State:	Zip:	City:	State:	Zip:
Home Phone: ()		% Owned:	Home Phone: ()		% Owned:
Drivers License No:	State:		Drivers License No:	State:	
Spouse:	SSN:		Spouse:	SSN:	

Equipment Description				
Qty	New/Used	Description	Model No.	Price w/o Tax

Terms Requested:

Vendor Information	
Company Name:	Phone No: ()
Address:	Fax No: ()
City: State: Zip:	Contact Person:

By signing below, the undersigned individual who is either a principle of the credit applicant or a personal guarantor of its obligations, provides written instructions to Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature above, I/we affirm my/our identify as the respective individual(s) identified in the above application.

Signature:	Signature:
Date:	Date: