

LEASE APPLICATION

LESSEE INFORMATION

Full Legal Business Name	Business Phone	Fax #
Business Address	City	County
	State	Zip Code
Invoicing Address	Contact Person or Department	
Equipment Location (If different from above address)		
Kind of Business	Federal Tax ID#	
Type of Business (Check One) Government Non-Profit Sole Proprietorship Partnership Corporation, State of _____	Years in Business	

GUARANTOR INFORMATION

#1 Guarantor Name	Social Security #
Home Address	Home Phone
#2 Guarantor Name	Social Security #
Home Address	Home Phone

BANK REFERENCES (Minimum of one bank reference required)

Bank/Branch	Address	
Contact	Telephone	Account #
Bank/Branch	Address	
Contact	Telephone	Account #

TRADE REFERENCES (Minimum of three trade references required)

Name of Supplier	Account #	Contact Person	Telephone
Name of Supplier	Account #	Contact Person	Telephone
Name of Supplier	Account #	Contact Person	Telephone
Name of Supplier	Account #	Contact Person	Telephone

EQUIPMENT DESCRIPTION

Description	New	Used
	Delivery Date	
Vendor Name	Contact	Telephone
Vendor Address	City	State Zip
Preferred Lease Term (Check One) 12 MOS 24 MOS 36 MOS 48 MOS 60 MOS		
Equipment Cost	Freight & Installation	Sales Tax
Total Cost		

SIGNATURE & AUTHORIZATION

I authorize the Lessor to make whatever credit inquiries that it deems necessary in connection with this Lease Application. I authorize any person or financial institution to complete and furnish to the Lessor any information that it may have or obtain in response to such credit inquiries. I declare all information set forth in this Lease Application to be a true representation of the facts to the best of my knowledge and I acknowledge that any willful misrepresentation on this Lease Application could result in criminal action.

DATE _____ SIGNED _____ TITLE _____