

Lease Application

Fax Toll-Free to: **866-873-9171**



Company Information

Business Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Nature of Business: _____

Years in Business: _____

PROP.

CORP.

Partnership

County: _____

Federal Tax ID: _____

President / Owner

Name: _____

Home Address: _____

Home City: _____

Home State: _____

Home Zip: _____

Social Security Number: _____

V.P. / Partner

Name: _____

Home Address: _____

Home City: _____

Home State: _____

Home Zip: _____

Social Security Number: _____

Bank Information

Bank Branch: _____

Bank Phone: _____

Officer: _____

Account Number: _____

Checking

Loan

Savings

References

Trade Reference 1: _____

Phone Number 1: _____

Trade Reference 2: _____

Phone Number 2: _____

Trade Reference 3: _____

Phone Number 3: _____

Trade Reference 4: _____

Phone Number 4: _____

Purchase Options:

\$1 Buy Out

10%

Other _____

Lease Term Desired:

24 months

36 months

48 months

60 months

Other _____

I authorize all deposit and borrowing information to be released.

Signature

Date