

**Equipment Lease Application** 

Applicant Information:				
Legal Business Name: DBA:				
Fed ID#:				s:
Address:	City:		State:	Zip Code:
County:	Phone:	Fax:		Time in Business:
Corporation 🗌 L.L.C. 🗎 Partnership 🗎 Proprietorship 🗎 Type of Business: Industry Type:				
Primary Contact Name:         Phone:         E-Mail:				
Principal Information				
Guarantor1:	Title:	SSN#:		% of Ownership:
Address:	City:		State:	Zip Code:
Phone:	Work e-mail:		D	O.O.B.:
Annual Salary: _\$	Personal Net Worth:		_ Credit Score:	
Guarantor2:	Title:	SSN#:		% of Ownership:
				Zip Code:
Phone:	Work e-mail:			D.O.B.:
Annual Salary: \$	Personal Net Worth:		Credit Score:	
Bank/Financial Information				
Name:	Contact:	Acct #:		Phone:
Name:				Phone: Phone:
Traine.		71001 #1.		
Trade References				
Name:	Contact:	Acct #:		Phone:
Name:	Contact:	Acct #:		Phone:
Name:	Contact:	Acct #:		Phone:
Vendor / Equipment Information				
Vendor:	Contact:		Phone:	
Equipment Description:		E	quipment Cost:	New ☐ Used ☐
For the purpose of obtaining credit, I certify that the information given in this application and any attached schedules Is true and correct and the preceding statements, correctly reflect our financial condition as of the date indicated below and that there has been no material change since then. I hereby authorize any financial institution or other credit reference to verify the information above or provide additional information which and financial institution or its underwriters may request.				
Applicant:	Date:	Co-Applicant: _		Date: