

Credit Application - Equipment Lease

E-Mail: _____

LESSEE Full Company Name _____ Phone _____
 Address _____
 City, State, Zip _____ Fax _____

Type of Business _____ Years in Business under **current** ownership _____
 Corp _____ Prop _____ Ptshp _____ LLC _____ Fed. Tax I.D. _____

1. Officer Name _____ Title: _____ %Ownership: _____

Home Address _____
Street Number City State Zip

Home Phone _____ SS# _____

2. Officer Name _____ Title: _____ %Ownership: _____

Home Address _____
Street Number City State Zip

Home Phone _____ SS# _____

EQUIPMENT Description: _____

VENDOR COMPANY NAME _____

Equipment Location: _____

Equipment Cost \$ _____ Lease Term (months): _____

BANK Principal Bank: _____ Type of Account: _____ Date Opened: _____

Contact: _____ Phone: _____ Account # _____

TRADE Name: _____ Contact: _____ Phone: _____

Name: _____ Contact: _____ Phone: _____

Name: _____ Contact: _____ Phone: _____

By signing below, each undersigned individual(s), who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Leasing Specialists, Inc. 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 purpose 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 below, I/we affirm my/our identity as the respective individual(s) identified in the above application.

Furthermore, I authorize all deposit, borrowing, leasing and trade information to be released to _____ or its designee (and any assignee or potential assignee thereof). I represent all information is true, correct and complete. A photocopy of this authorization shall be valid as original

Signature: _____ Signature: _____

Print Name: _____ Print Name: _____

Date: _____ Date: _____