



Fax to: (800) 496-6001

Company Name:		DBA:
Company Address:		City, State, ZIP:
Tax I.D. :		Date Business Started:
Contact Person:	Phone:	Fax:
Company Website:		Corp./LLC/Sole Prop./Partnership (Circle One)
Type of Business:		State of Incorporation:

PERSONAL INFORMATION ON ALL OWNERS, OFFICERS OR PARTNERS

Name:	Title:	SSN:	Ownership %:
Home Address:		City, State, ZIP:	
Email Address:		Mobile Phone:	
Name:	Title:	SSN:	Ownership %:
Home Address:		City, State, ZIP:	
Email Address:		Mobile Phone:	
Name:	Title:	SSN:	Ownership %:
Home Address:		City, State, ZIP:	
Email Address:		Mobile Phone:	

BUSINESS CHECKING ACCOUNT REFERENCE

Current Business Bank:	Open Date:	Account #:
Bank Phone:	Bank Contact Person:	
Previous Bank (if less than 2 yrs):	Open Date:	Account #:
Bank Phone:	Bank Contact Person:	

VENDOR AND EQUIPMENT INFORMATION

Vendor Company:	Phone:
Vendor Address:	City, State, ZIP:
Vendor Website:	Email Address:
Equipment Description:	
Equipment Cost:	
Vendor Company:	Phone:
Vendor Address:	City, State, ZIP:
Vendor Website:	Email Address:
Equipment Description:	
Equipment Cost:	

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

Customer Signature: _____ Date: _____