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Lease Application Form

DBA: _____ Bus. Type: _____

Location Address: _____ _____ _____ _____

(Address) (City) (State) (Zip)

Location Phone: _____ Website: _____

Contact Name: _____ Title: _____

Contact Cell: _____ Contact Email: _____

Full Legal Business Name: _____

Federal Tax ID: _____ State of Incorporation: _____ Years in Business: _____

Business Type (Choose One): ☐ Corporation ☐ LLC ☐ Partnership ☐ Proprietorship

Mailing Address: _____ _____ _____ _____

(Address) (City) (State) (Zip)

Owners, Partners or Guarantors (Optional, but does increase chance of approval)

1) Name: _____ Phone: _____

Address: _____ SSN: _____

2) Name: _____ Phone: _____

Address: _____ SSN: _____

Equipment Being Lease: _____

_____

_____

Requested Term of the Lease: ☐ 12 Months ☐ 24 Months ☐ 36 Months ☐ 48 Months ☐ 60 Months

LEASE-TO-BUY OPTION

The person(s) supplying the above information certifies that it is true and correct. The Owners/Partners/Guarantors recognize that their individual credit histories may be a factor in the evaluation of the lease applicant and, thus, authorize the lessor(s) or its assignee or its designee to investigate their personal credit status. This includes obtaining their consumer credit reports from time to time in the credit evaluation and collection processes, as well as to offer future credit products or services.

X_____ X_____

(Signature) *(Signature)*