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## Commercial Equipment Lease Application

Complete Legal Name Of Business				Date	
Physical Address				Business Telephone Number	
Mailing Address, If Different		Years In Business		Social Insurance Number	
Trade Name Or Style, If Any		Type Of Business			
Equipment Location				How Long At This Address?	
<b>Ownership</b> Sole Owner _____ Partnership _____ Corporation _____ Other _____					
<b>Principal Or Officer</b>		<b>Title</b>	<b>Social Security No.</b>	<b>Spouse</b>	<b>Home Address</b>
<b>Bank/Debt References</b>		<b>Name and Address</b>	<b>Contact, Telephone</b>	<b>Account Number</b>	<b>Type of Account</b>
					Loan _____ Checking _____
					Loan _____ Checking _____
					Loan _____ Lease _____
					Loan _____ Lease _____
<b>Trade References</b>		<b>Company &amp; Address</b>		<b>Telephone</b>	<b>Contact</b>
<b>Vendor</b>		<b>Address &amp; Telephone</b>			<b>Equipment</b>
Contact	New or Used?	Cost	Tax	Freight	Installation
<b>Lease Structure:</b> Number of Months _____		Monthly Payment _____	FMV P.O. _____	10% PUT _____	\$1.00 P.O. _____
<b>Insurance Information:</b>			<b>Landlord Information:</b>		
Agent _____			Contact _____		
Address _____			Address _____		
Telephone/Fax _____			Telephone/Fax _____		

Lessee hereby authorizes any bank or other lending institution, creditor, trade, or credit association, or trade or credit reporting bureau, or any other person who has knowledge of Lessee's credit or trade history to release such information to **(Business Finance Consultant name)** or its assigns or designee(s). A photographic or faxed copy of this authorization shall be as valid as the original. The undersigned agrees to reimburse any actual expenses within ten (10) days of invoice by Lessor as needed to complete the lease transaction.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_