

## **EQUIPMENT LEASE APPLICATION**

Telephone: (559) 256 8000 • Fax This Form to: (559) 256 8100

## PLEASE PRINT&COMPLETELY FILL IN FOR FASTEST PROCESSING!!!!

<b>Company Information:</b>					
Full Legal Business Name: _					
DBA or Trade Names:	Nature of Business:				
Address:	City:	S1	ate:	Zip:	
Phone:	Fax:	Federal Tax ID	<b>#:</b>		
	# of Employees: Contact Prop.  LLC  Partner				
Owner/Principal Informati	on:				
Name of Pres./Partner/Owne	r:	S	SN:		
	City:				
	Cell:				
Email address:		Date	of Birth	1:	
	-				
Home Address:	City:		State: _	Zip:	
Home Phone:	Cell:		_ % Ow	ned:	
Email address:		Date	Date of Birth:		
<b>Banking Relationships:</b> Bank Name:	Phone:	Acct. #			
			Acct. #		
	1	11000,			
Trade References: Company:	Phone:	Fax:		Acct#:	
	Phone:				
Equipment/Vendor Information	ation•				
		Sales Rep:			
Phone:	Fax:	Est. Equipmer	it Cost:	\$	
Equipment Description:				□ New □ Used	
	chase Option: 🗆 \$1 🗆 10%	☐ FMV ☐Other:_			
and credit firms to release credit informatio authorize the Lessor, or its assignee, access collection. We expressly waive rights of an	and/or guarantors, hereby attest that the inform on regarding company accounts for the purpose to principal's and/or guarantor's credit bureau by direct, indirect, incidental, consequential or were any right or claim they would otherwise have	of establishing credit with regard s for the purpose of credit process punitive damages arising out of the	l to this app sing, update ne submissi	elication. In addition, we re, renewal, credit extension or on or use of this application.	
Signature	Print Name			Date	
Signature	Print Name			Date	