

EQUIPMENT LEASING APPLICATION

LESSEE

Company Name _____

Billing Address _____ City _____ County _____ State _____ Zip _____

Telephone No. _____ Contact Person _____ Title _____

Nature of Business _____ Years in Business _____ Type of Business Non-Profit Prop. Part. Corp.

PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTORS

Principal 1 _____ Title _____ Social Security Number _____

Home Address _____ City _____ State _____ Zip _____ Home Phone Number _____

Principal 2 _____ Title _____ Social Security Number _____

Home Address _____ City _____ State _____ Zip _____ Home Phone Number _____

BANK REFERENCES

Name of Bank _____ Checking Account Number _____
Telephone Number _____ Savings Account Number _____
Contact Name _____ Loan Account Number _____

Name of Bank _____ Checking Account Number _____
Telephone Number _____ Savings Account Number _____
Contact Name _____ Loan Account Number _____

TRADE REFERENCES

Name of Supplier _____ Address _____ City _____ State _____ Zip _____ Phone Number _____

Name of Supplier _____ Address _____ City _____ State _____ Zip _____ Phone Number _____

Name of Supplier _____ Address _____ City _____ State _____ Zip _____ Phone Number _____

EQUIPMENT TO BE LEASED

Vendor Name _____ Address _____ City _____ State _____ Zip _____ Phone Number _____

Description of Equipment _____

Location of Equipment _____

Total Amount (Including Tax) _____ Lease Term (Mos.) _____ Monthly Payment _____ Advance Payment _____ Buy-Out Option _____

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION HEREIN HAS BEEN CAREFULLY READ AND IS TRUE AND CORRECT. I AUTHORIZE COMMLEASE FINANCIAL SERVICES TO VERIFY ANY OF THE ABOVE INFORMATION AND I AUTHORIZE ANY OF THE ABOVE REFERENCES TO RELEASE CREDIT INFORMATION TO COMMLEASE FINANCIAL SERVICES.

Date Signed

Signature of Lessee

Title