



LEASE APPLICATION

Contact: Mike Reiner

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COMPANY INFORMATION

Full Legal Name: _____ dba Name: _____

Type of Business: S-Corp, C-Corp LLC Partnership Sole Proprietor State of Incorporation: _____

Date Business Started: ____/____/____ Annual Sales: \$_____ # of Locations: _____ # of Employees: _____

Mailing Address: _____ CITY _____ STATE _____ ZIP _____

Equipment Location (if different) _____

Phone: _____ Fax: _____ Cell: _____

Email: _____ Tax ID # _____

Nature of Business: _____

PERSONAL INFORMATION All owners, attach separate sheet if necessary

Name: _____ Title: _____ SSN: _____ % Own: _____

Home Address: _____ City _____ State _____ Zip _____

Name: _____ Title: _____ SSN: _____ % Own: _____

Home Address: _____ City _____ State _____ Zip _____

BUSINESS CHECKING ACCOUNT & SUPPLIER REFERENCES – TWO YEARS

Bank Name: _____ Acct #: _____ Phone #: _____

Major Supplier: _____ Acct #: _____ Phone #: _____

Major Supplier: _____ Acct #: _____ Phone #: _____

COMPARABLE LEASE/LOAN & LANDLORD REFERENCES

Lease/Loan With: _____ Opened: ____/____/____ Acct #: _____ Phone #: _____

Landlord Name: _____ No. of Years: _____ Phone #: _____

LEASE INFORMATION

Requested Credit: \$ _____

Equipment Condition: New Used Mixed

Equipment Description: _____

Vendor Name: _____ Phone #: _____ Contact: _____

I hereby authorize you to whom this application is made, or your agents, to investigate our credit worthiness in considering this application and for subsequent update, renewal, or extension of credit or collecting the resulting account. I certify that all the above information is true and complete. A facsimile or copy of this application shall be valid as the original.

X _____
Signature Title Date

PLEASE FAX BACK TO 512-301-9470