



Lease Application

Vendor Name: _____			
Vendor Phone: _____			
Vendor Contact: _____			
COMPANY			Date / /
Exact Legal Name		Fed. ID No.	
DBA	Phone	Fax	
Street Address		# of employees	
City	State	Zip	County/use tax rate
Bus. Description			
Years In Business	(current ownership)	Bus. Structure: Corp <input type="checkbox"/> Prop. <input type="checkbox"/> P'Ship. <input type="checkbox"/>	
Contact	Phone	Fax	Email
PRINCIPALS			
Owner/President		Title	Soc. Sec. No.
Home Address	City	State	Zip % Ownership
Co-Owner/Officer		Title	Soc. Sec. No.
Home Address	City	State	Zip % Ownership
<small>(If additional owners, please attach an additional sheet.)</small>			
BANK REFERENCES (Or attach copy of last 3 months bank statements)			
Bank Name		Phone	Fax
Checking Acct. No.	Loan Acct. No.		Officer
Bank Name		Phone	Fax
Checking Acct. No.	Loan Acct. No.		Officer
TRADE ACCOUNTS (Net-30 Accounts or Comparable Debt)			
Name	Phone	Contact	
Name	Phone	Contact	
Installed location (if other than lessee's above address)			
TOTAL AMOUNT REQUESTED		\$ _____ (incl. program options, third-party products, training etc.)	
TERM: (check one) 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Months Buyout: (check one) FMV% option <input type="checkbox"/> \$1.00 option <input type="checkbox"/>			
<small>By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes us its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of the update, renewal or extension of credit to the applicant or the collection of any resultant accounts. Permission is hereby granted to correspond with us via facsimile. A fax or photocopy of this authorization shall be valid as the original.</small>			
Applicant Signature			Date

FAX Back to: 310-216-5089