



2333 WAUKEGAN ROAD, SUITE 150  
 BANNOCKBURN, IL 60015  
 PHONE: (800) 930-8899 F: (847) 267-1905

**APPLICATION FOR EQUIPMENT LEASE FINANCING**

**1. BUSINESS INFORMATION** APPLICANT'S LEGAL BUSINESS NAME \_\_\_\_\_ IN BUSINESS SINCE \_\_\_\_\_

ADDRESS (INCLUDE CITY, STATE & ZIP) \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ BUSINESS FAX \_\_\_\_\_ OTHER PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ # OF EMPLOYEES \_\_\_\_\_ TAX ID # \_\_\_\_\_

SOLE PROPRIETORSHIP     LLC     LIMITED PARTNERSHIP     GENERAL PARTNERSHIP

S CORPORATION     C CORPORATION    STATE OF INCORPORATION: \_\_\_\_\_

**2. TRADE REFERENCES**  
 1. COMPANY NAME \_\_\_\_\_ 2. COMPANY NAME \_\_\_\_\_

CONTACT \_\_\_\_\_ CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

**3. BANK REFERENCE**  
 BANK NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

**4. OWNER INFORMATION**  
 NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ CITY \_\_\_\_\_

STATE & ZIP \_\_\_\_\_ STATE & ZIP \_\_\_\_\_

SS# \_\_\_\_\_ SS # \_\_\_\_\_

% OWNED \_\_\_\_\_ % OWNED \_\_\_\_\_

**5. LEASE INFORMATION**  
 EQUIPMENT DESCRIPTION \_\_\_\_\_

EQUIPMENT COST: \$ \_\_\_\_\_ TERM DESIRED: 2 YRS  3 YRS.  4 YRS  5 YRS.

Applicant does hereby grant permission to Lessor to obtain from any source any credit information concerning Applicant. Applicant warrants the accuracy of all credit and financial information provided and grants permission to Lessor to share its credit experience with others.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

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

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