

Leasing Services, LLC

Your #1 source for Commercial Equipment Financing

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 Germantown, WI 53022
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 Email: marilyn@leasingservicellc.com

Commercial Equipment Credit Application

B U S I N E S S	FULL LEGAL BUSINESS NAME/LESSEE			TELEPHONE	FAX NUMBER
	ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY) (ZIP CODE)
	TYPE OF BUSINESS	CONTACT	CONTACT E-MAIL ADDRESS	AGE OF BUSINESS	FED. TAX NO.
	LOCATION OF EQUIPMENT (STREET) Own _____ Rent _____		(CITY)	(STATE)	(COUNTY) (ZIP CODE)

O W N E R S H I P	Business Structure (Check One) Proprietorship _____ Partnership _____ Corporation _____			State of Incorporation _____		
	1 ST PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET) Own _____ Rent _____ (CITY) (STATE) (ZIP CODE)			<input type="checkbox"/> Guaranty		WORK E-MAIL ADDRESS
	HOME E-MAIL ADDRESS		CELL PHONE NO.	HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVERS LICENSE NO.
	2 ND PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET) Own _____ Rent _____ (CITY) (STATE) (ZIP CODE)			<input type="checkbox"/> Guaranty		WORK E-MAIL ADDRESS
	HOME E-MAIL ADDRESS		CELL PHONE NO.	HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVERS LICENSE NO.
	3 RD PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET) Own _____ Rent _____ (CITY) (STATE) (ZIP CODE)			<input type="checkbox"/> Guaranty		WORK E-MAIL ADDRESS
	HOME E-MAIL ADDRESS		CELL PHONE NO.	HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVERS LICENSE NO.

B A N K S	BANK	BRANCH	TELEPHONE	FAX
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	OUTSTANDING LOANS	CONTACT
	BANK	BRANCH	TELEPHONE	FAX
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	OUTSTANDING LOANS	CONTACT

I N S	INSURANCE COMPANY	BROKER	TELEPHONE	FAX
	AGENT	POLICY NO (IF KNOWN)		

E Q U I P M E N T	VENDOR			CONTACT
	ADDRESS (STREET)		(CITY)	(STATE) (ZIP CODE) TELEPHONE
	EQUIPMENT TO BE LEASED			ESTIMATED DELIVERY DATE
	COST OF EQUIPMENT \$	RATE / MO. PAYMENT	TERMS OF LEASE	RESIDUAL

I hereby authorize Leasing Services, LLC or any credit bureau or other investigative agency employed by Leasing Services, LLC to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility.

SIGNATURE/TITLE DATE

SIGNATURE/TITLE DATE