



TEL 877 • 336-1950
FAX 562 • 439-2966

LESSEE COMPANY INFORMATION

Business Name / Lessee _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____

Location of Equipment if Other Than Above _____

Corporation	Type of Business	Age of Business	No. of Employees	Federal Tax ID
Partnership	Name of Corp. Secretary	Date of Incorporation	State of Incorporation	
Proprietorship	Comments			

PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS

Principal or Officer	Spouse	Title	% Own	Social Security
Home Address	City	State	Zip Code	Home Phone
Principal or Officer	Spouse	Title	% Own	Social Security
Home Address	City	State	Zip Code	Home Phone

COMPANY BANK REFERENCES

Bank/Branch	Date Opened	Account No./Loan No.	Phone No.	Contact Officer
Bank/Branch	Date Opened	Account No./Loan No.	Phone No.	Contact Officer

TRADE REFERENCES

Trade References	Date Opened	City/State	Account No.	Phone No.	Contact
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VENDOR INFORMATION

Vendor Name _____ Phone No. _____ Fax No. _____

Address _____ City _____ State _____ Zip _____ Contact _____

Equipment to be Leased (New or Used) _____ Equipment Cost _____

SIGNATURE

Date

I hereby authorize our banks, trade references and financial institutions to release credit information to Lessor and further authorize Lessor to obtain other credit information including D & B Reports and Credit Bureau Reports. Please utilize only complete and legal name(s) with signature(s) being those of only duly authorized corporate officers(s), partner(s), member(s) or proprietor. This authorization also permits authority to obtain personal bank checking and/or loan account ratings if provided by applicant. Thank you for your anticipated cooperation.