

LEASING SPECIALISTS, INC.

Credit Application – Equipment Lease

4072 Jordan St., PO Box 324 South Heights, PA 15081-0324

Phone: 724-857-4750 Fax: 724-857-4755

kathie@leasingspecialistsinc.com

LESSEE: Full Company Name _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Fax: _____ Email: _____ Website: _____

Type of Business: _____ Years in Business under **current** Ownership: _____

Corp _____ Sole Prop _____ Partnership _____ LLC _____ Fed. Tax I.D. (EIN) _____

1. **Officer/Owner Name:** _____ **Title:** _____ **% Ownership:** _____

Home Address: _____
Street Number/Name _____ City _____ State _____ Zip _____

Home Phone: _____ Cell phone: _____ Social Security Number: _____

2. **Officer/Owner Name:** _____ **Title:** _____ **% Ownership:** _____

Home Address: _____
Street Number/Name _____ City _____ State _____ Zip _____

Home Phone: _____ Cell phone: _____ Social Security Number: _____

EQUIPMENT Description: _____

Equipment Vendor Company Name & Phone _____

Equipment Cost: \$ _____ Lease Term requested (months): _____

BANK Customer's business Bank (checking) : _____ Date Opened: _____

Contact Name: _____ Phone: _____

By signing below, each undersigned individual(s), who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Leasing Specialists, Inc. or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purpose of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.

Furthermore, I authorize all deposit, borrowing, leasing and trade information to be released to Leasing Specialists, Inc. or its designee (and any assignee or potential assignee thereof). I represent all information is true, correct and complete. A photocopy of this authorization shall be valid as original.

Signature: _____ Signature: _____

Print Name: _____ Print Name: _____

Date: _____ Date: _____