

## **Equipment Lease Application**

Applicant Information:				
Legal Business Name: DBA:				
Fed ID#:	D&B#:	Web Add	dress:	
Address:	City:	State:	Zip Code:	
County:	Phone:	Fax:	Time in Business:	
Corporation L.L.C. Partnership Proprietorship Type of Business: Industry Type:				
Primary Contact Name: Phone:		E-Mail:	E-Mail:	
Principal Information				
Guarantor1:	Title:	SSN#:	% of Ownership:	
Address:	City:	State:	Zip Code:	
Phone:	Work e-mail:	TYPE TO SEE	D.O.B.:	
Annual Salary: \$	Personal Net Worth:	Credit Score	Design of the last	
Guarantor2:	Title:	SSN#:	% of Ownership:	
Address:	City:	State:	Zip Code:	
Phone:	Work e-mail:		D.O.B.:	
Annual Salary: \$	Personal Net Worth:	Credit Sco	re:	
Bank/Financial Information				
Name: C	Contact:	Acct #:	Phone:	
Name:C	Contact:	Acct #:	Phone:	
Trade References				
Name: C	Contact:	Acct #:	Phone:	
	Contact:	Acct #:	Phone:	
Name: C	Contact:	Acct #:	Phone:	
Manufacture of the formation				
Vendor / Equipment Information				
Vendor:	Contact:	Phone:		
Equipment Description:		Equipment Cost:	New	
For the purpose of obtaining credit, I certify that the information given in this application and any attached schedules Is true and correct and the preceding statements, correctly reflect our financial condition as of the date indicated below and that there has been no material change since then. I hereby authorize any financial institution or other credit reference to verify the information above or provide additional information which eLease International or its underwriters may request.				

Co-Applicant:

Date: