



1000 River Rock Dr., Suite 218, Folsom, CA 95630
 (800) 991-0099 / (916) 988-7723 / Fax (800) 988-3931
www.leasource.com Email: info@leasource.com

FULL LEGAL NAME OF BUSINESS		EQUIPMENT SELLER	
STREET		STREET	
CITY/STATE/ZIP		CITY/STATE/ZIP	
PHONE / FAX	CONTACT	PHONE / FAX	CONTACT
EMAIL ADDRESS:		EMAIL ADDRESS:	

NEW/ USED	QUANTITY	EQUIPMENT DESCRIPTION	SELLING PRICE
TOTAL			

EQUIPMENT LOCATION IF DIFFERENT: _____ REQUESTED TERM: _____ ANTICIPATED DELIVERY: _____

Years in Business:	Under Current Ownership:	Number of Employees:	Federal Tax Number:
--------------------	--------------------------	----------------------	---------------------

Type of Business _____

Corporation _____ LLC _____ Partnership _____ Sole Proprietorship _____

NAMES OF OWNERS / ADDRESS & PHONE NUMBER / % OF OWNERSHIP	SOCIAL SECURITY NO.
1. _____	
2. _____	
3. _____	

BANK REFERENCE (Exact Branch)	CHECKING ACCOUNT NUMBER	OFFICER CONTACT	PHONE NUMBER
1. _____			
2. _____			

TRADE REFERENCE	ACCOUNT NUMBER	CONTACT	PHONE NUMBER
1. _____			
2. _____			
3. _____			

LEASE/LOAN REFERENCE	LEASE/LOAN NUMBER	CONTACT	PHONE NUMBER
1. _____			
2. _____			
3. _____			

THE UNDERSIGNED CERTIFIES THAT THE ABOVE INFORMATION, GIVEN FOR CREDIT PURPOSES, IS TRUE AND CORRECT AND AUTHORIZES THE FIRM OR PERSON TO WHOM THIS APPLICATION IS MADE AND ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY TO INVESTIGATE THE REFERENCES, STATEMENTS OR OTHER DATA LISTED OR ACCOMPANYING THIS APPLICATION. THE UNDERSIGNED AUTHORIZES ALL PARTIES CONTACTED TO RELEASE CREDIT AND FINANCIAL INFORMATION REQUESTED AS A PART OF SAID INVESTIGATION. A PHOTOCOPY OR FACSIMILE OF THIS APPLICATION SHALL BE ACCEPTABLE FOR RELEASE OF INFORMATION REQUESTED.

 Applicant Signature and Date