

## Equipment Lease Application (for business purposes only)

LESSEE:

ADDRESS CITY PHONE # ( )	/
Phone # (	/
Years in Business	
Corporation ( )   Partnership ( )   Proprietorship ( )   Dun & Bradstreet	
Nature of Business	
BANK REFERENCES:   TRADE REFERENCES:   Supplier   Sup	
BANK REFERENCES:   Supplier   S	
Supplier	
Supplier	
Supplier	
BRANCH	
ACCT # AC	
CONTACT	
PHONE # ( )         PHONE # ( )         PHONE # ( )           ACCOUNTANT:         INSURANCE COMPANY:           COMPANY NAME         COMPANY NAME           CONTACT         CONTACT           PHONE # ( )         PHONE # ( )           OWNER/PRINCIPAL:         NAME           NAME         NAME           ADDRESS         ADDRESS           CITY         STATE         ZIP           PREV ADDRESS         PREV ADDRESS           HOME PHONE # ( )         HOME PHONE # ( )           SSN         -         -           E-MAIL         E-MAIL	
ACCOUNTANT:  COMPANY NAME  COMPANY NAME  CONTACT  PHONE # ( )  OWNER/PRINCIPAL:  NAME  ADDRESS  CITY  STATE  ZIP  PREV ADDRESS  PREV ADDRESS  HOME PHONE # ( )  SSN  1040 INCOME  E-MAIL  E-MAIL  E-MAIL  COMPANY:	
COMPANY NAME	
COMPANY NAME	
CONTACT         CONTACT           PHONE # ( )         PHONE # ( )           OWNER/PRINCIPAL:         NAME           NAME         NAME           ADDRESS         ADDRESS           CITY         STATE         ZIP           PREV ADDRESS         PREV ADDRESS           HOME PHONE # ( )         HOME PHONE # ( )           SSN         -         -           E-MAIL         E-MAIL	
PHONE # ( )         PHONE # ( )           OWNER/PRINCIPAL:         OWNER/PRINCIPAL:           NAME         NAME           ADDRESS         ADDRESS           CITY         STATE         ZIP           PREV ADDRESS         PREV ADDRESS           HOME PHONE # ( )         HOME PHONE # ( )           SSN         -         -           E-MAIL         E-MAIL	
OWNER/PRINCIPAL:         OWNER/PRINCIPAL:           NAME	
NAME         NAME           ADDRESS         ADDRESS           CITY         STATE         ZIP         CITY         STATE         ZIP           PREV ADDRESS         PREV ADDRESS         HOME PHONE # ( )         SSN         -         -         1040 Income         E-Mail         E-Mail <t< th=""><td></td></t<>	
NAME         NAME           ADDRESS         ADDRESS           CITY         STATE         ZIP         CITY         STATE         ZIP           PREV ADDRESS         PREV ADDRESS         HOME PHONE # ( )         SSN         -         -         1040 Income         E-Mail         E-Mail <t< th=""><td></td></t<>	
ADDRESS         ADDRESS           CITY         STATE         ZIP         CITY         STATE         ZIP           PREV ADDRESS         PREV ADDRESS         HOME PHONE # ( )         SSN         -         -         1040 Income         E-Mail	
ADDRESS         ADDRESS           CITY         STATE         ZIP         CITY         STATE         ZIP           PREV ADDRESS         PREV ADDRESS         HOME PHONE # ( )         SSN         -         -         1040 Income         E-Mail	
CITY         STATE         ZIP         CITY         STATE         ZIP           PREV ADDRESS         PREV ADDRESS         HOME PHONE # ( )         HOME PHONE # ( )         SSN         -         -         1040 Income         E-Mail	
HOME PHONE # ( ) HOME PHONE # ( ) SSN 1040 INCOME E-MAIL	
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E-MAIL E-MAIL	
EQUIDMENT TO BE I EASED.	
EQUIDMENT TO BE LEASED.	
INCREASE STATE OF THE STATE OF	
Company Legal Name	
ADDRESS	
PHONE # ( ) CONTACT	
EQUIPMENT COST SUB \$ EQUIPMENT DESCRIPTION	
TAX \$	
TOTAL \$	
Term Payment Advances	
The undersigned individual recognizes that his or her credit history may be a factor in the evaluation of the credit of the applicant. The undersign behalf of himself or herself and the entity seeking credit authorizes lessor and any designee, assignee, or potential assignee thereof or any considering the purchase or funding of the lease to order and review his or her personal credit report and any credit information on the pote The undersigned agrees that the equipment leased is for business purposes only and not for personal use. The undersigned realizes and agree information may be ordered and reviewed now and from time to time, as may be needed in the credit evaluation and review process. The underwaives any and all rights or claims they may have under any privacy laws.	other party ential lessee. es that such
Signer Guarantor Date	
P. O. Box 100 • Bloomfield Hills, MI 48303 • (248) 952-1500 • (248) 952-151	