

# 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

[credit@leasingspecialistsinc.com](mailto:credit@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: \_\_\_\_\_