

Commercial Leasing Application

Dealer Name(equipment supplier)

frence#

Please email completed prequalification request to; submissions@theveritas.group

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN ACCOUNT

In connection with opening an account, we will ask for and retain your name, address, date of birth and other information that will allow us to identify and verify you. We also may ask to see your driver's license or other identifying documents. *denotes required fields

Lessee Information(equipment user)

Legal Business Name		ss Information		*Type of Business Sole Proprietorship	
Business Adress City State Zip Partership Email Business Phone Years in business Federal Tax ID# Annual Revenue * Guarantor Information(Include all owners up to 100% of business ownership unless owned alone) Guarantor Name #1 Ownership* State Zip Title Email Address Home Phone Cell Phone Guarantor Name #2 Ownership* State Address SS# Date of Birth City State Zip Title Email Address Home Phone Cell Phone * State Address SS# Date of Birth City State Zip Title Email Address Home Phone Cell Phone * Equipment Information / Vendor New Or Used Hours * Equipment Type Equipment Type Equipment Type Equipment Type Sales Rep Phone Number Address City State Zip: Address City State Zip From State Size Size Size Size Size Size Size Siz				1 1	
Email Business Phone Federal Tax ID# Annual Revenue *Guarantor Information(Include all owners up to 100% of business ownership unless owned alone) Guarantor Name #1 Ownership% Street Address SS# Date of Birth City State Zip Home Phone Cell Phone Guarantor Name #2 Ownership% Street Address Home Phone Cell Phone Guarantor Name #2 Ownership% Street Address Home Phone Cell Phone #Equipment Information / Vendor New Or Used Hours Home Phone Equipment Type Equipment Type Equipment Type Equipment Tost Year: Make: Model: *Vendor Name Sales Rep Phone Number Address City State Zip Address City State Zip Address City State Zip: *Vendor Same Address City State Zip: *Vendor Same Address City State Zip:					
Business Phone	City	State	Zip	Partership	
**Fequipment Information / Vendor New Or Used Hours Hours Wendor/Broker Information **Equipment Cost Make: Model: Models Models	Email				
* Guarantor Information(Include all owners up to 100% of business ownership unless owned alone) Guarantor Name #1 Ownership% Street Address SS# Date of Birth City State Zip Guarantor Name #2 Ownership% Street Address Guarantor Name #2 Ownership% Street Address Guarantor Name #2 Ownership% Street Address Title Email Address Home Phone Cell Phone *Equipment Information / Vendor New Or Used Hours Vendor Name Equipment Type Equipment Type Equipment Cost Year: Make: Model: *Vendor/Broker Information Name: Sales Rep Phone Number Address City State Zip Address State Zip State Zip Address State Zip State Zip State Zip Address State Zip State Zip Address State Zip: *Vendor/Broker Information	Business Phone_		Years in business		
Ownership% Street Address Street A	Federal Tax ID#_		Annual Revenue		
SS# Date of Birth City State Zip Title Email Address Home Phone Cell Phone Guarantor Name #2 Ownership% Street Address SS# Date of Birth City State Zip Title Email Address Home Phone Cell Phone *Equipment Information / Vendor New Or Used Hours Vendor Name Equipment Type Equipment Cost Year: Make: Model: *Vendor/Broker Information Name: Sales Rep Phone Number Address City State Zip Address City State Zip Address City State Zip Address City State Zip City State Zip Address City State Zip: Address City State Zip Address City State Zip: Address	* Guarantor Infor	rmation(Include all own	ners up to 100% of business ownership unless o	owned alone)	
Title	Guarantor Name	#1	Ownership%		
Guarantor Name #2				CityState_	Zip
SS#	Title	Ema	iil Address	Home Phone	Cell Phone
SS#	Guarantor Name	#2	Ownership%	Street Address	
*Equipment Information / Vendor New Or UsedHours				CityState_	Zip
*Equipment Information / Vendor New Or UsedHours Vendor Name Equipment Type Equipment Cost Year: Make: Model: *Vendor/Broker Information Name: Sales Rep Phone Number Address City State; Zip:					
Year: Make: Model:	New Or Used Vendor Name Equipment Type_	Hours			
*Vendor/Broker Information Name: Sales Rep Phone Number Address City State:Zip:	Equipment Cost _				
Name:	Year: Make: Mod	el:			
Sales Rep	*Vendor/	Broker Information	1		
Phone Number Address City State:Zip:	Name:				
Address	Sales Rep				
CityState:Zip:	Phone Number_				
	Address				
Website					
Empil	City	State	:Zip:		

Authorization to Contact You By Phone: You authorize us, and our affiliates, agents, and independent contractors, to contact you at any telephone number your provide to us or from which you place a callus, or any telephone number where we believe we may reach you, using any means of communication, including, but not limited to calls or text messages to mobile, cellular, wireless or similar devices and calls or text messages using an automated telephone dialing system and/or artificial voices or prerecorded messages, even if you incur charges for receiving such communications. Authorization to Contact You By Other Means: You also agree that we and our affiliates, agents and independent contractors may use any other medium, as permitted by law and including, but not limited to, mail, email and facsimile, to contact you.

Signature and Authorization to Obtain Information

By signing below, the Merchant and its ownership/principles each: (1) certify that all information and documents submitted in connection with this Prequalification Request are true, correct and completed (2) acknowledge that the ownership/principles are personally liable for Merchant. (3) provide authorization and 'written instructions' to Credibly under the Fair CreditReporting Act to obtain information from your personal and/or business credit profile as well as additional information from credit bureaus and other sources. This authorization and written instruction is to obtain information solely to conduct a prequalification for business funding, verify provided information and report fraud transactions. If you are requesting online, clicking "I AGREE " shall be written instructions with the same effect as your signature.

Printed Name	
Signature	
Signature Date	

Please call us if you have any questions. . Phone: (646) 389-9393 | Email: support@theveritas.group | www.veritasfinancing.group