

Lease Fundings

978-427-3300

Please email to bobc@leasefundings.com

Applicant Information

Legal Business Name		Business Phone	
Trade Name/DBA		Years in Business	
Billing Address		Business Structure <i>(Corp, llc, prop, etc.)</i>	
City, State, Zip	Federal ID #	Preferred Lease Term in months __24 __36 __48 __60	
Physical Address of Equipment (if different than above)		Email	
Contact Person	Home Phone	Cell Phone	

Personal Information of Officers/Partners/Owners

Name	Home Address, City, State, Zip	Title	SSN
Name	Home Address, City, State, Zip	Title	SSN

Lease Equipment Information

Name of Vendor Sales Rep Phone Number	Equipment Description Cost
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Statement

Applicant authorizes Equipment Lease Fundings (ELF) and/or its assigns to request, verify and review data or information about the applicant, its officers, partners, owners and guarantors including reports from credit reporting agencies and information from references. ELF is authorized to give credit information about the applicant and it's owners/officers to others. All information provided herein is correct and complete. If business credit is denied, applicant has the right to a written statement of the specific reasons for the denial. To obtain this statement, please contact ELF at address shown below within 60 days of a denial. A fax or photocopy of this authorization shall be valid as the original.

Signature:	Print Name & Title:	Date:
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