

**BILTMORE LEASING
CORP.**
2415 E. Camelback, Suite 700
Phoenix AZ 85016
602-840-0404
vpsales@biltmoreleasing.com

Business Information				
Company Name _____			d/b/a _____	
Address _____	City _____	State _____	County _____	Zip _____
Phone _____	Website _____		Date Business Established _____	
Equipment Location Address _____			Federal I.D. # _____	
Business Structure: CORPORATION [] PARTNERSHIP [] PROPRIETORSHIP [] LLC []				

Personal Information				
(Owner / Officer) #1 _____			Title _____	
Home Address _____	City _____	State _____	Zip _____	Phone _____
Social Security Number _____	% Ownership _____		E-mail _____	
(Owner / Officer) #2 _____			Title _____	
Home Address _____	City _____	State _____	Zip _____	Phone _____
Social Security Number _____	% Ownership _____		E-mail _____	
(Owner / Officer) #3 _____			Title _____	
Home Address _____	City _____	State _____	Zip _____	Phone _____
Social Security Number _____	% Ownership _____		E-mail _____	

Bank Reference			
Bank Name _____	Account No. _____	Contact _____	Phone No. _____

Vendor Information	
Vendor _____	Contact _____ Phone _____
Equipment Description _____	Equipment Cost _____

The undersigned (1) authorizes BILTMORE LEASING CORP., its heirs & assigns to obtain a personal report on all principals & guarantors for credit purposes, & (2) authorizes the release to BILTMORE LEASING CORP. of all credit information it may request, including business & personal banking, mortgage, landlord, trade & lease information for the purpose of extension of credit, renewal or update. A fax or email shall be valid as original.

Signature: _____ Title: _____ Date: _____

