## Quail Leasing Corp. 6049 Douglas Blvd., Ste. #3 Granite Bay, CA 95746

916-791-0244(voice) 916-791-0361 (fax) 800-255-8444 (outside CA)

## **EQUIPMENT LEASING APPLICATION**

BUSINESS NAME/LESSEE				TELEPHONE			FAX			
ADDRESS (STREET)	(CITY)		(STATE)			(COUNTY) (ZIP CODE)				
TYPE OF BUSINESS				AGE OF BUS. FEDER		FEDERAL TAX	RAL TAX NUMBER			
LOCATION OF EQUIPMENT (STREET)	(CITY)		(STATE)		(C	(COUNTY) (ZIP CODE)				
PRINCIPAL'S NAME		TITLE		% OWNERSHIP HOP		PHONE # SS NUMBER		ER		
HOME ADDRESS (STREET)	(CITY)	(CITY)			(STATE)			(ZIP CODE)		
PRINCIPAL'S NAME		TITLE	%OWN	ERSHIP	HOME	PHONE #	SS NUMBER			
HOME ADDRESS (STREET) (CITY) (STATE) (ZIP CODE)										
VENDOR				CONTACT						
ADDRESS (STREET)	S (STREET) (CITY) (STATE			(ZIP CODE)			TELEPHONE			
EQUIPMENT DESCRIPTION										
OST OF EQUIPMENT		TERM OF LEASE	LEASE OPT		ON ADVA		NCE			
BANK	BRANCH		TELEPHONE				FAX			
ACCOUNT UNDER NAME OF	CHECKING ACCOUNT NUMBER		ORIGINAL BALANCE			CURI	CURRENT BALANCE			
I hereby authorize Quail Leasing Corp. its successors, nominees, or its assignees to investigate my business										
and/or personal credit standing.  Signature/title  Date										