

AMERICAN LEASING CAPITAL

Since 1990, All You Need To Know About Equipment Leasing Is Our Phone Number

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LEASE CREDIT APPLICATION

LEGAL BUSINESS NAME			DATE			
STREET ADDRESS		CITY		STATE	ZIP CODE	
TYPE OF BUSINESS		(CIRCLE ONE) PARTNERSHIP SOLE OWNER CORPORATION		YEARS IN BUSINESS		
LOCATION OF EQUIPMENT		FEDERAL TAX ID NUMBER		PHONE		
WEB SITE		E-MAIL		FAX		
LANDLORD		CONTACT		PHONE		
INSURANCE AGENT		CONTACT		PHONE		
OWNER OR OFFICER & TITLE		SOCIAL SECURITY NUMBER		SIGNATURE		
HOME ADDRESS				HOME PHONE		
OWNER OR OFFICER & TITLE		SOCIAL SECURITY NUMBER		SIGNATURE		
HOME ADDRESS				HOME PHONE		
OWNER OR OFFICER & TITLE		SOCIAL SECURITY NUMBER		SIGNATURE		
HOME ADDRESS				HOME PHONE		
<p>By signing above, the individual(s) who is/are principal(s) of the credit applicant or guarantor of its obligations, provides this written instruction to American Leasing Capital, its nominees or assigns, authorizing review of their personal credit profile from a national credit bureau in consideration of this application; and subsequently for the purpose of update, renewal or extension of such credit or additional credit, and for reviewing and collecting the resulting account. In consideration of their efforts on our behalf, I/we agree that any deposits are not refundable unless the application is rejected by a Lessor and hereby acknowledge receipt of a copy of this application. A photostat or facsimile copy of this authorization shall be valid as the original. By signature(s) above, I/we affirm our identity as the respective individual(s) identified in this credit application.</p>						
BANK NAME		ACCT. NO. & TYPE		BANK OFFICER		PHONE
LEASES & NOTES (LENDER)		ACCT. NO.		ORIGINAL AMT.	MONTHLY PMT.	PHONE
TRADE REFERENCES		CONTACT & ACCT. NO.			PHONE	
VENDOR OF EQUIPMENT					PHONE	
EQUIPMENT DESCRIPTION					SALES REP	
LEASE TERMS REQUESTED					EQUIPMENT COST	