

# Leasing Services, LLC

Your #1 source for Commercial Equipment Financing

N112 W15568 Mequon Road  
 Germantown, WI 53022  
 Phone: (262) 293-1165 Fax: (262) 293-1166  
 Email: marilyn@leasingservicellc.com

## EQUIPMENT LEASE APPLICATION

<b>BUSINESS</b>	FULL LEGAL BUSINESS NAME/LESSEE		TELEPHONE	FAX NUMBER
	ADDRESS (STREET)		(CITY)	(STATE) (COUNTY) (ZIP CODE)
	TYPE OF BUSINESS	CONTACT	CONTACT E-MAIL ADDRESS	AGE OF BUSINESS FED. TAX NO.
	LOCATION OF EQUIPMENT (STREET) Own ___ Rent ___		(CITY)	(STATE) (COUNTY) (ZIP CODE)

<b>OWNERSHIP</b>	Business Structure (Check One) Proprietorship ___ Partnership ___ Corporation ___			State of Incorporation _____		
	1 <sup>ST</sup> PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET) Own ___ Rent ___		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> Guaranty WORK E-MAIL ADDRESS
	HOME E-MAIL ADDRESS		CELL PHONE NO.	HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVERS LICENSE NO.
	2 <sup>ND</sup> PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET) Own ___ Rent ___		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> Guaranty WORK E-MAIL ADDRESS
	HOME E-MAIL ADDRESS		CELL PHONE NO.	HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVERS LICENSE NO.
	3 <sup>RD</sup> PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET) Own ___ Rent ___		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> Guaranty WORK E-MAIL ADDRESS
	HOME E-MAIL ADDRESS		CELL PHONE NO.	HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVERS LICENSE NO.

<b>BANKS</b>	BANK	BRANCH	TELEPHONE	FAX
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	OUTSTANDING LOANS	CONTACT
	BANK	BRANCH	TELEPHONE	FAX
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	OUTSTANDING LOANS	CONTACT

<b>INSURANCE</b>	INSURANCE COMPANY	BROKER	TELEPHONE	FAX
	AGENT	POLICY NO (IF KNOWN)		

<b>EQUIPMENT</b>	VENDOR			CONTACT
	ADDRESS (STREET)			(CITY) (STATE) (ZIP CODE) TELEPHONE
	EQUIPMENT TO BE LEASED			ESTIMATED DELIVERY DATE
	COST OF EQUIPMENT \$	RATE / MO. PAYMENT	TERMS OF LEASE	RESIDUAL

I hereby authorize Leasing Services, LLC or any credit bureau or other investigative agency employed by Leasing Services, LLC to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility.

SIGNATURE/TITLE

DATE

SIGNATURE/TITLE

DATE