

Equipment Lease Application

ABOUT YOUR BUSINESS

LESSEE (EXACT LEGAL NAME)			DBA					
STREET ADDRESS		CITY		STATE ZIP		TE	TELEPHONE NO.	
LOCATION OF EQUIPMENT		\$	STATE ZIP			AX NO.		
TYPE OF BUSINESS	GROSS ANNUAL SALES	ANNUAL SALES YEARS IN BUSINESS		YEAR UNDER CURRENT OWNE		'NER FI	EDERAL TAX ID NO. (IF ANY)	
PROPRIETORSHIP	☐ CORPORATION	ORPORATION		□ LTC		S	TATE OF INCORPORATION	
YOUR WEBSITE ADDRESS	CONTACT EMAIL ADDRESS					Co	OUNTY WHERE EQUIP LOCATED	
YOUR BUSINESS OWNERSHIP								
PRINCIPAL #1 NAME	TITLE		% OWNERSHIP YRS OF		OF INDUSTRY EXPERIENCE		SOCIAL SECURITY NO.	
STREET ADDRESS		CITY		STATE	ZIP		HOME TELEPHONE NO.	
PERSONAL ANNUAL GROSS INCOM	ME (Not including spouse)	Home Owner ?						
PRINCIPAL #2 NAME	TITLE		% OWNERSHIP	YRS C	F INDUSTRY EX	PERIENCE	SOCIAL SECURITY NO.	
STREET ADDRESS	CITY			STATE	STATE ZIP HOME TELEPHONE NO.			
PERSONAL ANNUAL GROSS INCOM	1E (Not including spouse)	Home Owner?						
					У	OUR	BUSINESS BANK	
BANK NAME	CONTACT NAME		CURRENT CH		RRENT CHECKII	NG	TELEPHONE NO.	
ACCOUNT UNDER NAME OF	CHECKING ACCOUNT NO.				OAN NO.			
	,	EQUIPMENT	T DETAIL	L	•		DESIRED TERMS	
ITEM DESCRIPTION	COST		VERY DATE NEED		LEASE TERM	I IN MONTH		
						□ 24	□ 36 □ 48 □ 60	
					PURCHASE (DPTION ☐ \$1	☐ 10% ☐ FMV	
The undersigned individual who is either a principal, a personal guarantor or a sole EQUIPMENT DEALER								
proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and						ИΕ		
authorizes Innovative Lease Services, Inc. or its designee the use of a consumer credit report on the undersigned, from time to time as may be needed. Additionally, this authorization include release of any bank and/or trade information to Innovative Lease.					PHONE NUM	BER	CONTACT	
X					DEALER EMA	AIL		
AUTHORIZED SIGNATURE			DATE					
ADDITIONAL INFOR		o for less than two ve	ars or equipme	ent	Fay co	وامرس	ted application to	
If the business has been in operation under present ownership for less than two years, or equipment cost exceeds \$75,000 please provide: *Financial Statements or Tax Returns on Company for most recent two years and most recent Interim					Fax completed application to: ATTN: Erik J. Feldt			
Financial Statement.	-				FAX:		0) 438-2046	

ECOA NOTICE: If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Credit Administrator, (800) 438-1470 within 60 days from the date you are notified of our decision. We will send you a written statement within 30 days of receiving your request. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal

TEL:

Please include an itemized quote, if available.

(800) 438-1470