

Lease Application



LESSEE

Company _____ DBA: _____

Billing Address _____ City _____ County _____ State _____ Zip _____

Telephone # _____ Mobile # _____ Contact Person _____ Title _____ E-mail Address _____
 () ()

Nature of Business _____ Type of Business: Proprietorship Corporation Partnership Non-Profit Corporation _____ Years in Business _____
 (Present Ownership)

PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS

Name	Title	% Ownership	Social Security #
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Home Address	City	State	Zip	Home Phone #
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Name	Title	% Ownership	Social Security #
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Home Address	City	State	Zip	Home Phone #
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VENDOR INFORMATION

Vendor's Name	Contact	Telephone ()	Fax # ()
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Address: Street	City	State	Zip
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PAYMENT PLAN

Term in Months: (circle one) 12 24 36 48 60	Type of Lease (circle one) FMV 10% \$1.00 Buyout	Equipment Cost: \$
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EQUIPMENT TO BE LEASED (Attach separate list if necessary)

Description: (include make, model & serial #'s and any attachments)

TRADE REFERENCES

Name of Supplier	City/State	Telephone # ()	Contact Person
Name of Supplier	City/State	Telephone # ()	Contact Person
Name of Supplier	City/State	Telephone # ()	Contact Person

COMPANY BANK REFERENCES

Name of Branch	Checking Acct. #	Telephone #	Contact Person
	Loan Acct. #	()	

* To help expedite approval process 3 months of bank statements may be requested * If additional space is needed, please attach separate sheet

By providing the above information, the applicant(s) authorized Falcon Leasing to whom this application is made or your agents to investigate my/our financial responsibility and credit worthiness and will provide financial statements, tax returns, etc. as deemed necessary. I/we authorize Falcon Leasing to update my/our credit profile from time to time in the future as you deem appropriate

Signature _____

Date _____