

Equipment Lease Application

Agent ID: _____

CORPORATE INFORMATION:		VENDOR INFORMATION:	
COMPANY _____		VENDOR NAME _____	
DBA NAME _____		STREET _____	
STREET _____		CITY _____ STATE _____ ZIP _____	
CITY _____ STATE _____		PHONE _____	
CONTACT _____ ZIP _____		FAX # _____	
PHONE _____ FAX _____		SALES REP _____	
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/>
DATE ESTABLISHED _____	TYPE OF BUSINESS _____	FED TAX ID # _____	

EQUIPMENT INFORMATION:	
EQUIPMENT COST <i>(excluding sales tax)</i> _____	TERM _____ OPTION _____
EQUIP. LOCATION <i>(if different from above)</i> _____	COUNTY _____
EQUIPMENT DESCRIPTION <i>(mfg./make/model)</i> _____	

TRADE REFERENCES: (NO C.O.D. ACCOUNTS, PLEASE)		
COMPANY _____	CONTACT _____	PHONE _____
COMPANY _____	CONTACT _____	PHONE _____
COMPANY _____	CONTACT _____	PHONE _____

BANK REFERENCE: (Provide at least 2 year history)	CREDIT REFERENCE (LEASE OR LOAN ACCOUNT):
BANK _____	BANK _____
ACCT. # _____	ACCT. # _____
CONTACT _____	CONTACT _____
PHONE _____	PHONE _____
<i>(if account less than 2 years please provide previous bank information)</i>	

OWNER / STOCKHOLDER INFORMATION:	
NAME _____	NAME _____
STREET _____	STREET _____
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
TITLE _____ SS# _____	TITLE _____ SS# _____

AUTHORIZATION TO RELEASE INFORMATION:	
<p>By signing below, the undersigned individual, who is either a principal of the credit applicant or a guarantor of it's obligations, provides this written instruction to Creative Business Finance, LLC, it's assigns or nominees, authorizing review of his/her personal and/or business credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for the purpose of update, renewal or the extension of such credit or additional credit and for reviewing and collecting the resulting account. A Photostat, scanned or facsimile copy of this authorization shall be valid as the original. By signing below, I/we affirm our identity as the respective individuals identified in the related application. Use additional sheets if necessary. Rates, terms and conditions will be returned to you within 48 hours, unless further documentation is necessary.</p>	
APPLICANT SIGNATURE _____	DATE _____