



**Lease Application**  
**Matthew Ciaudelli**  
**Phone: 267-960-4054**  
**Fax: 267-960-4001**

**Lessee Information**

Legally Registered Name		Trade or DBA Name	Primary Contact	
Address			Phone	Fax
Type of Business <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other:		Nature of Business	Federal Tax ID	Years in Business
			Gross Annual Sales \$	year(s) months

**Lessee Borrowing/Banking Information**

Bank Name	Account Number	Contact	Phone	Fax
Bank Name	Account Number	Contact	Phone	Fax
Trade Supplier	Account Number	Contact	Phone	Fax

**Principal Information** (If more than three, copy form and complete for each)

Principal Name	Address	SS#
Principal Name	Address	SS#
Principal Name	Address	SS#

**Vendor Information**

Vendor Name	Address		
Contact/Title	Phone	Fax	E-mail

**Equipment Information**

Location of Equipment		
Equipment Description	Equipment Cost	Lease Term (months) <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72
		Leasing Plan <input type="checkbox"/> FMV <input type="checkbox"/> \$100 Buyout <input type="checkbox"/> Other:
	Total Cost \$	Total Equipment Cost \$
	Lease Trade-In/Down Payment (\$ ) Net to Lease \$	Amount of Each Payment \$

The undersigned acknowledge and understand that our company is relying on this information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents warrants and certifies that the information provided herein is true, correct and complete and agrees to notify our company immediately of any changes to this information. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that 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 agency that administers compliance with this law concerning this creditor is the Office of the Comptroller of the Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3710, Houston, Texas 77010.

**Authorization for Disclosure of Business and Personal Credit Information**

Applicant hereby authorizes the release of business and personal credit information to our company, or its designee (and any assignee or potential assignee thereof) from any source including credit bureau reporting agencies and applicant's bank and trade references. By signing below, the undersigned individual who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to our company, or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. The undersigned hereby represents that all of the information contained in this credit application is true, correct and complete.

**X**

Print Name	Title	Date
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