



NEW BROKER APPLICATION

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GENERAL INFORMATION

DATE				
COMPANY NAME				
YEAR ESTABLISHED	POB#			
ADDRESS				
CITY				
ST	ZIP			
COMPANY TOLL FREE NUMBER				
CORPORATION	SOLE	PARTNERSHIP	PROPRIETORSHIP	LLC
CONTACT NAME				
TITLE				
EMAIL				
PHONE	FAX			

BANK REFERENCES

BANK 1	
BRANCH	
CONTACT OFFICER	
PHONE	FAX
ACCOUNT NUMBER	
BANK 2	
BRANCH	
CONTACT OFFICER	
PHONE	FAX
ACCOUNT NUMBER	
BANK 3	
BRANCH	
CONTACT OFFICER	
PHONE	FAX
ACCOUNT NUMBER	
BANK 4	
BRANCH	
CONTACT OFFICER	
PHONE	FAX
ACCOUNT NUMBER	
BANK 5	
BRANCH	
CONTACT OFFICER	
PHONE	FAX
ACCOUNT NUMBER	

PRINCIPALS

PRINCIPAL 1		
HOME ADDRESS		
CITY		
ST	ZIP	% STOCK OWNED
SOCIAL SECURITY #		
TITLE		
ASSOCIATION MEMBERSHIPS: ELA W AEL EAEL OTHER:		
PRINCIPAL 2		
HOME ADDRESS		
CITY		
ST	ZIP	% STOCK OWNED
SOCIAL SECURITY #		
TITLE		
ASSOCIATION MEMBERSHIPS: ELA W AEL EAEL OTHER:		
PRINCIPAL 3		
HOME ADDRESS		
CITY		
ST	ZIP	% STOCK OWNED
SOCIAL SECURITY #		
TITLE		
ASSOCIATION MEMBERSHIPS: ELA W AEL EAEL OTHER:		

EQUIPMENT SPECIALTIES

WHICH MARKETS DO YOU CATER TO?
Indian Tribal Municipal Commercial Not for Profit Federal
DESCRIBE YOUR AREAS OF FOCUS:

FUNDING SOURCE REFERENCES
(5 SOURCES WITH AT LEAST 1 YEAR OF FUNDING RELATIONSHIP)

FUNDING SOURCE NAME	CONTACT	PHONE	%ANN. FUND	DIS-COUNT/ BROKER	APPROVAL RATIO %	FUND-ING RATIO %
				D B		
				D B		
				D B		
				D B		
				D B		

TOTAL \$ VOLUME

LAST YEAR \$	Year	THIS YEAR \$	Year
FORECAST NEXT YEAR \$		WHAT IS YOUR ESTIMATED FIRST YEAR FINDING TOTALS WITH LII \$	

SEGMENTATION OF CURRENT BUSINESS

TRANSACTION SIZE		HOW BUSINESS ORGINATED	
%	UNDER \$50,000	%	LESSEE DIRECT
%	BETWEEN \$50,000 - \$100,000	%	VENDER
%	BETWEEN \$100,000 - \$250,000	%	REPEAT CUSTOMER
%	\$250,000 PLUS	%	OTHER: <small>(please identify)</small>

To the best of my/our knowledge the above information provided is true and accurate. This is given for the purpose of inducing LII to enter into a broker relationship. I authorize LII to investigate our business and personal banking, credit and business relationships for this purpose.

SUBMITTED BY _____ TITLE _____ DATE: _____