



# Lessee Credit Application

261 North Highway 101  
Solana Beach, CA 92075  
Ph. 858.259.4794 Fax 858.259.7076  
www.leasing123.com

## LESSEE INFORMATION

(Please state EXACT legal name of entity registered with the state)

Legal business name:		
D/B/A:		
Physical business address:		
City	ST	ZIP
Equipment location address:		
City	ST	ZIP
Business contact name:		
Phone	Fax	
Email		
Type of business:		
CORP S'CORP LLC SOLE PROP NOT FOR PROFIT PARTNERSHIP		
State of incorporation/formed		
Years under current ownership		
Business website:		
Description of business:		
Tax ID #		

## BUSINESS REFERENCES

(Bank Reference/Statements Must Be From Bank Account To Which The Monthly Lease Payments Are To Be Withdrawn From, Trade/Credit References Are From Lenders/Vendors Who Have Extended Credit To Business Previously/Currently)

<b>Lessee bank name</b>		
Account #		
Bank contact name:		
Phone	Fax	
Email		
<b>Trade/credit ref #1</b>		
Account #		
Trade contact name:		
Phone	Fax	
Email		
<b>Trade/credit ref #2</b>		
Account #		
Trade contact name:		
Phone	Fax	
Email		
<b>Trade/credit ref #3</b>		
Account #		
Trade contact name:		
Phone	Fax	
Email		

## PROPOSED LEASE TERMS

(Please provide as much detailed information as possible)

Total equipment amount requested:			
Downpayment available:	Amount of downpayment:		
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Seeking lease term of:			
24 Months	36 Months	48 Months	60 Months
Equipment description:			
Equipment purpose / use:			

## VENDOR INFORMATION

(Attach quote of equipment if available. Use additional sheet if needed)

<b>Vendor name #1</b>	
Contact name:	
Phone	Fax
Email	
<b>Vendor name #2</b>	
Contact name:	
Phone	Fax
Email	
<b>Vendor name #3</b>	
Contact name:	
Phone	Fax
Email	

## PERSONAL GUARANTORS INFORMATION

(Needed for all Personal Guarantors listed on signed proposal)

<b>Personal guarantor #1</b>		
SSN #	Ownership %	
Home address		
City	ST	ZIP
<b>Personal guarantor #2</b>		
SSN #	Ownership %	
Home address		
City	ST	ZIP
<b>Personal guarantor #3</b>		
SSN #	Ownership %	
Home address		
City	ST	ZIP

Dear Credit Grantor's: Please consider this application or a fax thereof my binding agreement and acceptance of the proposed lease terms, subject to your credit approval. Please consider this application or fax thereof my authorization to furnish a complete history of all accounts, loans, transactions, trade information, balances or other financial information relative to any account we may have with you. I/We grant Leasing Innovations, Incorporated permission to investigate any credit sources necessary to underwrite this credit request. I/We release Leasing Innovations, Incorporated from any liability arising from its credit investigations.

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Typed Name of Signer \_\_\_\_\_