

Advance Leasing, LLC

John Gismondi, Partner: 480 820 0125 / Fax: 480 820 9072

I. Applicant Business Information

Company Legal Name & DBA (if Applicable)				
Company Address		City	State	County Zip
Telephone #	Fax #	Contact Person	Email Address	
Years in Business	Proprietorship	Partnership	Corporation	LLC
Nature of Business			Federal Tax ID #	

II. Business Bank References (Minimum Three Year History):

Bank Name	Account #	Phone #	Contact	CK / SV / CD / Loan
1.				
2.				

III. Loan & Trade References (Extending Credit Greater Than Monthly Payment):

Firm Name	Account #	Phone #	Contact	Years	City/State
1.					
2.					
3.					

IV. Personal Information on Officers, Partners or Guarantors:

Name	Title	SS #	Home Telephone #
Address			
Previous Address (if Less than Two Years)			
Name	Title	SS #	Home Telephone #
Address			
Previous Address (if Less than Two Years)			

V. Vendor and Equipment Information:

Vendor Name			
Vendor Address			
Vendor Telephone #	Vendor Fax #	Contact Person	Email Address
Equipment to be Leased			Cost w/o Tax
New / Used (if Used, Make & Year)		Lease Term (Months)	Monthly Payment
Location of Equipment			

By signing below, the undersigned individual as principal of and/or guarantor for the applicant authorizes Advance Leasing, its designee, assigns or potential assign, to review his/her personal credit profile provided by the national credit bureaus in considering this application for the purpose of update, renewal or extension of credit to the applicant or the collection of any resultant account. A fax or photocopy of this authorization shall be valid as the original.

X _____ Date _____
Signature

X _____ Date _____
Signature