The Leasing Experts, Inc. CORPORATE OFFICES
9710 East Indigo Street, Suite 203, Miami, Florida 33157
Toll Free Phone (800) 700-0657 Toll Free Fax (888) 777-LEASE

the leasing experts equipment leasing & financing

Lease Credit Application

• COMPLETE AND FAX BACK TOLL FREE TO 888-777-5327 •

* required fields

Business Information

*COMPLETE LEGAL NAME OF BUSINESS AND d/b/a NAME (IF ANY)		
*BUSINESS PHONE NUMBER	BUSINESS FAX NUMBER	*CONTACT PERSON
* ☐ "S" CORPORATION ☐ SOLE PROPRIETOR ☐ NON-PROFIT ☐ "C" CORPORATION ☐ PARTNERSHIP ☐ LLC		EMAIL ADDRESS OF CONTACT/BUSINESS
*TYPE/NATURE OF BUSINESS	*YEARS UNDER CURRENT OWNERSHIP	FEDERAL TAX ID NUMBER
*BUSINESS ADDRESS	*CITY	*STATE / *ZIP

Principle/Owner Information

*NAME	*% OF OWNERSHIP	*SOCIAL SECURITY #	*CELL PHONE #	*HOME ADDRESS
*TITLE			ALT PHONE #	*CITY *STATE *ZIP
NAME	% OF OWNERSHIP	SOCIAL SECURITY #	CELL PHONE #	HOME ADDRESS
TITLE			ALT PHONE #	CITY STATE ZIP

Bank Information

*BANK NAME	*BUSINESS CHECKING ACCOUNT NUMBER	NAME OF CONTACT	PHONE NUMBER

Equipment Information

SUPPLIER NAME (IF KNOWN)	PHONE NUMBER	*EQUIPMENT DESCRIPTION
*COST OF EQUIPMENT (APPROX.)	CONDITION OF EQUIPMENT ☐ NEW ☐ USED	DESIRED TERM / MONTHS ☐ 12 ☐ 24 ☐ 36 ☐ 48 ☐ 60

BY SIGNING BELOW, EACH UNDERSIGNED INDIVIDUAL(S), WHO IS EITHER A PRINCIPLE OF THE CREDIT APPLICANT LISTED ABOVE OR A PERSONAL GUARANTOR OF ITS OBLIGATIONS, PROVIDES WRITTEN INSTRUCTION TO THE LEASING EXPERTS, INC. OR ITS DESIGNEE AUTHORIZING REVIEW OF HIS/HER PERSONAL CREDIT PROFILE FROM A NATIONAL CREDIT BUREAU. SUCH AUTHORIZATION SHALL EXTEND TO OBTAINING A CREDIT PROFILE IN CONSIDERING THE APPLICATION OF THE CREDIT APPLICANT AND SUBSEQUENTLY FOR THE PURPOSES OF UPDATE RENEWAL OR EXTENSION OF SUCH CREDIT AND FOR REVIEWING OR COLLECTING THE RESULTING ACCOUNT. A PHOTOCOPY OR FACSIMILE COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL. IN ADDITION, THE UNDERSIGNED AUTHORIZES FINANCIAL INSTITUTIONS AND CREDITORS THE RIGHT TO RELEASE BY TELEPHONE OR FAX ALL CREDIT INFORMATION REQUESTED.

SIGNATURE _____ *PRINT NAME _____ *TITLE _____ *DATE _____