



Equipment Leasing Specialists, Inc.

2020 Grand River Annex
Brighton, MI 48114
Phone: 810-229-2075 ✧ Fax: 810-229-2296

EQUIPMENT LEASING APPLICATION

BUSS: LEGAL BUSINESS NAME & ASSUMED NAME IF ANY (LESSEE), TELEPHONE, ADDRESS (STREET), (CITY), (STATE), (COUNTY), (ZIP CODE), BUSINESS STRUCTURE: SOLE PROPRIETORSHIP, PARTNERSHIP, CORPORATION, L.L.C., OTHER, AGE OF BUSINESS, FED. TAX NO., LOCATION OF EQUIPMENT IF DIFFERENT THAN ABOVE (STREET), (CITY), (STATE), (COUNTY), (ZIP CODE)

OWNSHIP: DESCRIPTION OF BUSINESS / TYPE, E-Mail Address, PRINCIPAL'S (1) NAME, TITLE, HOME PHONE NO., % OWNERSHIP, SOC. SEC. NO., HOME ADDRESS (STREET), (CITY), (STATE), (ZIP CODE), OWN, RENT, DRIVER'S LIC. NO., PRINCIPAL'S (2) NAME, TITLE, HOME PHONE NO., % OWNERSHIP, SOC. SEC. NO., HOME ADDRESS (STREET), (CITY), (STATE), (ZIP CODE), OWN, RENT, DRIVER'S LIC. NO., PRINCIPAL'S (3) NAME, TITLE, HOME PHONE NO., % OWNERSHIP, SOC. SEC. NO., HOME ADDRESS (STREET), (CITY), (STATE), (ZIP CODE), OWN, RENT, DRIVER'S LIC. NO.

BANKS: BANK #1, CONTACT, BUSINESS CHECKING ACCT. NO., TELEPHONE, ACCOUNT UNDER NAME OF, LOAN HISTORY, LOAN ACCT. NO., FAX, BANK #2, CONTACT, BUSINESS CHECKING ACCT. NO., TELEPHONE, ACCOUNT UNDER NAME OF, LOAN HISTORY, LOAN ACCT. NO., FAX

TRADES: COMPANY NAME, ACCOUNT NO., TELEPHONE NO., CONTACT PERSON

EQUIPMENT: VENDOR / SUPPLIER, CONTACT, ADDRESS (STREET), (CITY), (STATE), (ZIP CODE), TELEPHONE, EQUIPMENT TO BE LEASED, ADVANCE PAYMENT, COST OF EQUIPMENT w/o Tax, TYPE OF LEASE, RATE FACTOR, TERM, \* All Leases require a Documentation Fee that will be determined and specified upon approval

RELEASE AUTHORIZATION: I hereby authorize Equipment Leasing Specialists, Inc. and/or its assigns or designees to investigate all credit information... PRINCIPAL'S (1) Signature, Title, Dated, PRINCIPAL'S (2) Signature, Title, Dated, PRINCIPAL'S (3) Signature, Title, Dated