



755 Route 340
 Palisades, New York 10964
 Ph: (845) 362-6106
 Fax: (815) 642-0837

EQUIPMENT LEASING APPLICATION

BUSINESS	Business Name Legal / DBA				Phone		Fax	
	Street							
	City				State ▼	County		Zip
	Business ☐ Corporation ☐ LLC ☐ Proprietorship ☐ Partnership ☐ Non-profit ☐ Other ☐				Year Established		Federal Tax Number	
	Location of Equipment							
	City				State ▼	County		Zip

OWNERSHIP	Principal's Name		Title		% Ownership ▼		Social Security No.	
	Home Address							
	City		State ▼		County		Zip	
	Cell Phone		Email Address					
	Principal's Name		Title		% Ownership ▼		Social Security No.	
	Home Address							
	City		State ▼		County		Zip	
	Cell Phone		Email Address					
	Principal's Name		Title		% Ownership ▼		Social Security No.	
	Home Address							
	City		State ▼		County		Zip	
	Cell Phone		Email Address					

BUSINESS BANKING	Bank Name		Telephone		Fax	
	Address		City		State 	Zip Code
	Account Name	Checking Account No.	Loan Account No.	Officer's Name		
	Bank Name		Telephone		Fax	
	Address		City		State 	Zip Code
	Account Name	Checking Account No.	Loan Account No.	Officer's Name		
	Bank Name		Telephone		Fax	
	Address		City		State 	Zip Code
	Account Name	Checking Account No.	Loan Account No.	Officer's Name		

TRADES	Company Name	Account No.	Contact Person	Telephone

EQUIPMENT	Vendor		Contact		Phone	
	Address					
	City				State 	Zip
	Equipment to be Leased					
	Cost of Equipment	Term of Lease		Monthly Payment		Deposit Held

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Leasing Solutions LLC and/or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purpose of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By the signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.

_____	_____/_____/_____
Signature	Date

_____	_____
Print Name	Title

_____	_____/_____/_____
Signature	Date

_____	_____
Print Name	Title

_____	_____/_____/_____
Signature	Date

_____	_____
Print Name	Title