



# EQUIPMENT LEASE APPLICATION

155 Commerce Park Drive, Suite 2A, Westerville, Ohio 43082

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Our objective is to provide our customers with a professional assessment of their credit profile and to use that profile to obtain the very best lease structure and rate. **You can help us by completing this application fully and accurately. PRINT TO USE.**

## BUSINESS INFORMATION

COMPANY LEGAL NAME				CONTACT		DATE	
DBA OR TRADESTYLE				WEBSITE			
ADDRESS CITY		COUNTY	STATE	ZIP	PHONE #		
EQUIPMENT LOCATION ADDRESS (IF DIFFERENT)				CITY	COUNTY	STATE	ZIP
BUSINESS DESCRIPTION				EMAIL ADDRESS			
CORPORATE SECRETARY			STATE OF ORGANIZATION		STRUCTURE OF OWNERSHIP		
DATE EST.	YRS OWNERSHIP	YRS/CURR ADD	# OF EMPLOYEES	FED TAX ID #	PROPRIETORSHIP <input type="checkbox"/>	LLC <input type="checkbox"/>	
					PARTNERSHIP <input type="checkbox"/>	SUB CHAPTER S <input type="checkbox"/>	
					CORPORATION <input type="checkbox"/>	PUBLIC <input type="checkbox"/>	

## OWNERSHIP INFORMATION

PRINCIPAL'S NAME			TITLE		%OF OWNERSHIP	E-MAIL ADDRESS	
HOME ADDRESS			<input type="checkbox"/> RENT	HOW LONG	SOC SEC #	HOME PHONE #	
			<input type="checkbox"/> OWN				
PRINCIPAL'S NAME			TITLE		%OF OWNERSHIP	E-MAIL ADDRESS	
HOME ADDRESS			<input type="checkbox"/> RENT	HOW LONG	SOC SEC #	HOME PHONE #	
			<input type="checkbox"/> OWN				
PRINCIPAL'S NAME			TITLE		%OF OWNERSHIP	E-MAIL ADDRESS	
HOME ADDRESS			<input type="checkbox"/> RENT	HOW LONG	SOC SEC #	HOME PHONE #	
			<input type="checkbox"/> OWN				

## BANKS/LENDERS

BANK/LENDER NAME			NAME ON ACCOUNT				
CONTACT NAME		PHONE #	FAX #	DATE OPENED	AVERAGE BALANCE		
					\$		
CHECKING ACCT. #		LEASE ACCT. #					
SAVINGS ACCT. - #		LOAN ACCT. - #					
BANK/LENDER NAME			NAME ON ACCOUNT				
CONTACT NAME		PHONE #	FAX #	DATE OPENED	AVERAGE BALANCE		
					\$		
CHECKING ACCT. #		LEASE ACCT. #					
SAVINGS ACCT. - #		LOAN ACCT. - #					

TRADES/SUPPLIERS			
COMPANY NAME	PHONE	CONTACT NAME	ACCOUNT #

VENDOR		
VENDOR NAME	CONTACT NAME	PHONE #
		FAX#
ADDRESS	DELIVERY DATE	P.O. NEEDED
EQUIPMENT DESCRIPTION (MAKE, MODEL, SERIAL #?)	E-MAIL ADDRESS	WEBSITE

TERM REQUEST		
LEASE AMOUNT \$	LEASE TERM MONTHS	END OF LEASE OPTION <input type="checkbox"/> \$1.00 <input type="checkbox"/> 10% <input type="checkbox"/> FMV <input type="checkbox"/> PUT

The following information is optional; however, it may assist us in providing you with the most appropriate lease approval.

APPROXIMATE ANNUAL SALES \$	APPROXIMATE ANNUAL PROFIT \$
What does your business do? _____	
Have you ever leased before? Yes <input type="checkbox"/> or No <input type="checkbox"/> If yes, with whom? _____	

APPLICANTS AUTHORIZATION - BUSINESS		
The above information, together with any accompanying financial statements, schedules, or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct and complete. InsurLease, LLC is hereby authorized to investigate (directly or through an agent or nominee) our credit and financial responsibility. We understand that such investigation may include seeking information as to the background, credit and financial responsibility of our officers and principals (or any of them).		
DATE	SIGNATURE	TITLE

CREDIT AUTHORIZATION - OWNERS		
By signing below, the undersigned individual, who is either a principal of the credit applicant or a guarantor of its obligations, provides this written instruction to InsurLease, LLC, its nominees or assigns, authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for the purpose of update, renewal or the extension of such credit or additional credit and for reviewing and collecting the resulting account. A photocopy or facsimile copy of this authorization shall be valid as the original. By signing below, I/we affirm our identity as the respective individuals identified in the related application.		
NAME	SIGNATURE	DATE
NAME	SIGNATURE	DATE
NAME	SIGNATURE	DATE
If your application for commercial credit is denied, you have the right to a written statement of the specified reasons for denial. To obtain the statement please write our Operations Manager, 155 Commerce Park Dr, Suite 2A, OH 43082 within 60 days of the date you are notified of our decision. We will send you a written statement detailing our reasons for decline within 30 days of receiving your request. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract): because all or part of the applicants income derives from an public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington DC 20580.		

Additional Pertinent Application Information

(This page may be used to explain or discuss financial or credit situations that you feel may or should have an impact on the ability for your company to obtain credit)