

interstate leasing company

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Address: 416 Ontario St. Sackets Harbor, NY 13685

EQUIPMENT LEASE APPLICATION			
LESSEE (Complete legal name of entity. Use EXACT registered name.)			
Company Name:			
Address:			County:
Phone No.	Contact		Title
Nature of Business	Type of Business – (Check One) <input type="checkbox"/> Corp. (Registered in the State of _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Proprietorship	No. of Yrs. in Business (present ownership)	Federal Tax I.D. # _____
			Annual Sales \$ _____
EQUIPMENT			
Vendor Name:	Vendor Address:	Vendor Phone & Contact:	
Cost of Equipment: \$ _____		Equipment Location if Different:	
Equipment Description:			
PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTORS			
Name	Title	Social Security No.	
Home Address	City	State	Zip
Name	Title	Social Security No.	
Home Address	City	State	Zip
TRADE REFERENCES – TWO YEAR HISTORY			
Name Address	Phone No.	Contact	
Name Address	Phone No.	Contact	
Name Address	Phone No.	Contact	
BANK REFERENCES – TWO YEAR HISTORY			
Bank Address	Chkg. Acct. # Date Opened	Phone No.	Contact
Bank Address	Chkg. Acct. # Date Opened	Phone No.	Contact

All the information given on this application is true, correct and complete. The Lessor is authorized to exchange credit information covering this application and any credit granted. A request for a consumer report or commercial credit report may be made in conjunction with this application for credit, update or renewal. All Bank & Trade References as listed are hereby authorized to release all information pertaining to all our accounts.

SIGNATURE OF APPLICANT

DATE