

# COMMERCIAL LEASE APPLICATION



## Lessee Information

Business Name:		
Business Address:		
City:	State:	
Zip Code:	Phone Number:	
<b>Business Type:</b>		
Sole Proprietor	Corporation	
Partnership	LLC	
Years in Business:	Fed Tax ID #:	Social Security #:
<b>Lessee #1</b>		
Applicant's Name:		Date of Birth:
Current Home Address:		
City:	State:	
Zip Code:	Phone Number:	
Social Security #:	Employer:	
Title:	% Ownership:	
<b>Lessee #2 (if Applicable)</b>		
Applicant's Name:		Date of Birth:
Current Home Address:		
City:	State:	
Zip Code:	Phone Number:	
Social Security #:	Employer:	
Title:	% Ownership:	

## Equipment Type

Dealer:	
Address:	
City:	State:
Zip Code:	Phone Number:
Equipment:	
Cost:	Hours:

The applicant (Lessee) certifies that it is applying for credit for business purposes, and not for personal, family or home use. The undersigned agrees that we have the right to confirm the accuracy of the above referenced credit information and have the right to accept or reject this credit application. **\*\*ALL OWNERS MUST SIGN BELOW\*\*** By signing below, the undersigned individual as principal of and/or guarantor for the Applicant, authorizes us, its designee, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this Application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. The undersigned authorizes all deposit, borrowing, financial and trade information to be relayed to us by telephone or fax. A photocopy or fax of this authorization shall be valid as the original

APPLICANT #1  
Print Name

APPLICANT #2  
Print Name

Date: \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Date: \_\_\_\_\_ Authorized Signature \_\_\_\_\_  
(if Required)