



Lessee Information		
Business:		
Address:		
City:	State:	Zip Code:
Phone Number:		
Type:	Sole Proprietor	Partnership Corporation LLC
Years in Business:	Fed Tax ID #:	
Guarantor #1:	Social Security #:	
Address:		
City:	State:	Zip Code:
Bank Name:		
Account Number:		
Contact:	Phone Number:	
Trade Reference 1:		
Contact:	Phone Number:	
Trade Reference 2:		
Contact:	Phone Number:	
Trade Reference 3:		
Contact:	Phone Number:	

Equipment Information		
Vendor:		
Address:		
City:	State:	Zip Code:
Phone Number:		
Contact:		
Equipment:		
Cost:	Payment:	

Guarantor #2 (If Applicable)		
Applicant's Name:		
Current Home Address:		
City:	State:	Zip Code:
Phone Number:	Date of Birth:	
Social Security #:	Employer:	
Title:	% Ownership:	

Applicant represents that this Equipment is being leased for business and/or professional purposes and agrees that under no circumstances shall this Lease be construed as a consumer contract. The undersigned applies for the Lease indicated in this application. Everything stated in this application is correct. US Equity Funding and its Authorized Affiliates are authorized to check my credit and employment history for the purposes of determining my credit and for the further purpose of reviewing the account, taking collection activity on the account, and skip tracing. US Equity Funding and its Authorized Affiliates are authorized to provide history information to others about my credit standing and your credit experience with me, including but not limited to credit bureaus, other companies, outside collection agencies and outside attorneys.

APPLICANT #1 Authorized Signature _____	APPLICANT #2 Authorized Signature _____ (if applicable)
_____	_____
Print Name	Print Name
Date	Date