

Equipment Lease ApplicationAttention: Applications • e-mail: applications@eleaseinternational.com

Applicant Information:			
Legal Business Name:	D	BA:	
Fed ID#:	D&B#:	Web Add	ress:
Address:	City:	State:	Zip Code:
County:	Phone:	Fax:	Time in Business:
Corporation L.L.C.	Partnership 🔲 Proprietorship 🔲 Type of B	usiness:	Industry Type:
Primary Contact Name:	Phone:	E-Mail:	
Principal Information			
Guarantor1:	Title:	SSN#:	% of Ownership:
Address:	City:	State:	Zip Code:
Phone:	Work e-mail:	A MARINA	
	Personal Net Worth:	Credit Score:	Daniel Street
Guarantor2:	Title:	SSN#:	% of Ownership:
Address:	City:	State:	Zip Code:
Phone:	Work e-mail:		D.O.B.:
Annual Salary: \$	Personal Net Worth:	Credit Scor	re:
Bank/Financial Information			
Name:	Contact:	Acct #:	Phone:
Name:		Acct #:	
Trade References	AND		
Name:	Contact:	Acct #:	Phone:
Name:	Contact:	Acct #:	Phone:
Name:	Contact:	Acct #:	Phone:
Vendor / Equipment Inform	ation		
	0.1.1	Di .	
	Contact:	Phone:	New ☐ Used ☐
Equipment Description:	A	Equipment Cost:	inew [] Used []
correctly reflect our financial con other credit reference to verify the	edit, I certify that the information given in this appli dition as of the date indicated below and that there e information above or provide additional information	has been no material change since then, which eLease International or its underwri	I hereby authorize any financial institution or ters may request.
Applicant:	Date:	Co-Applicant:	Date: