

Equipment Lease ApplicationAttention: Applications · e-mail: lclyce@eleaseinternational.com

Applicant Information:			
Legal Business Name:	DI	BA:	
Fed ID#:			
Address:	City:	State:	Zip Code:
County:	Phone:	Fax:	Time in Business:
Corporation L.L.C. Partnership Proprietorship Type of Business: Industry Type:			
Primary Contact Name:	Phone:	E-Mail:	
Principal Information			
Guarantor1:	Title:	SSN#:	% of Ownership:
Address:	City:	State:	Zip Code:
Phone:	Work e-mail:	THAT PARTY	D.O.B.:
Annual Salary: \$	Personal Net Worth:	Credit Score:	Daniel De la Contraction de la
Guarantor2:	Title:	SSN#:	% of Ownership:
	City:		
Phone:	Work e-mail:		D.O.B.:
	Personal Net Worth:		
Bank/Financial Information			
Name:		Acct #:	
Name:	Contact:	Acct #:	Phone:
Trade References			
Name:	Contact:	Acct #:	Phone:
Name:	Contact:	Acct #:	Phone:
Name:	Contact:	Acct #:	Phone:
Vendor / Equipment Information			
Mandan	Contest	Dhama	
	Contact:	Phone: Equipment Cost:	New ☐ Used ☐
Equipment Description.		Equipment Cost.	IAEM [] OSED
For the purpose of obtaining credit, I certify that the information given in this application and any attached schedules Is true and correct and the preceding statements, correctly reflect our financial condition as of the date indicated below and that there has been no material change since then. I hereby authorize any financial institution or other credit reference to verify the information above or provide additional information which eLease International or its underwriters may request.			
Applicant:	Date:	Co-Applicant:	Date: