

Leasing Application for a Business Account

Business Contact Information

Company name:		Tax ID:		DB#:	
Contact:		Location of equipment:			
Phone:	Fax:	E-mail:			
Registered company address:					
City:			State:	ZIP Code:	
Date business commenced:					
Sole proprietorship:		Corporation:	State:	Partnership:	Other:

Owners and Credit Information

Name:	Title:	%ownership:	SS#:		
Address	City:	State:	ZIP	Phone:	
Name:	Title:	%ownership:	SS#:		
Address	City	State:	Zip:	Phone:	
Bank name:		Contact:			
Bank address:			Phone:		
City:			State:		ZIP Code:
Type of account		Account number			
Savings					
Checking					
Home Ownership Information		Own:	Rent:	Lease:	

Business/trade references

Company name:					
Address:					
City:			State:		ZIP Code:
Phone:	Fax:	E-mail:			
Type of account:					
Company name:					
Address:					
City:			State:		ZIP Code:
Phone:	Fax:	E-mail:			
Type of account:					

Equipment List

Type(s) of equipment to lease:
Model and Serial # of equipment:
Terms & Amount:

Agreement

By submitting this application, you authorize BizEquip Leasing Inc. and/or affiliates to make inquiries into the banking and business/trade references that you have supplied. I hereby certify that all information supplied here as well as supporting financials and supporting documentation to be true and correct.

Signatures

X. Title: Date:	X. Title: Date:
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