

LEASE APPLICATION

PLEASE FAX TO (316)942-0568

VENDOR INFORMATION

EQUIP: _____ LEASE TERM _____ APPROX. COST \$ _____

BUSINESS INFORMATION

BUS. NAME _____ FEDERAL ID# _____

ADD./CITY/ST./ZIP/COUNTY _____

CIRCLE ONE: PROPRIETORSHIP PARTNERSHIP CORPORATION LLC OTHER _____

NATURE OF BUS: _____ EMPLOYEES: FULL TIME _____ PART TIME _____

YEARS IN BUSINESS _____ YEARS UNDER CURRENT MANAGEMENT _____ PHONE # _____ FAX # _____

BANK INFORMATION

BANK REFERENCE(S) / ACCOUNT NUMBER(S)	CONTACT	PHONE	CITY & STATE

PRINCIPAL(S) INFORMATION

ALL PRINCIPALS, OFFICERS & STOCKHOLDERS OVER 10%	% OF OWNERSHIP	TITLE	SOCIAL SECURITY NUMBER	DATE OF BIRTH	HOME ADDRESS STREET/CITY/STATE/ZIP

AUTHORIZATION

I authorize release of any credit or financial information to Lease Consultants Corporation.

Date: _____

Authorized Signature: _____