



TOLL FREE: 1 (800) 895-1201
 PHONE: 1 (717) 233-3939
 FAX: 1 (717) 233-3966

P.O. Box 5796, Harrisburg, PA 17110

LEASE APPLICATION

LESSEE

Company _____

Billing Address _____ City _____ County _____ State _____ Zip _____

Telephone No. _____ Contact Person _____ Title _____

Nature of Business _____	Type of Business <input type="checkbox"/> Non Profit <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	No. of Years in Business _____
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DESCRIPTION OF EQUIPMENT: 	
List Price \$ _____	Total Price \$ _____
Lease Term _____	Rental \$ _____ AR Amount \$ _____
Location of Equipment _____	

PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTORS

Name _____	Title _____	Social Security No. _____
Home Address _____	City _____ State _____ Zip _____	Home Phone No. () _____
Name _____	Title _____	Social Security No. _____
Home Address _____	City _____ State _____ Zip _____	Home Phone No. () _____

BANK REFERENCES

Name of Bank/Branch _____	City/State _____	Chkg. Acct. # _____ Loan Acct. # _____	Telephone No. () _____	Contact Officer _____
Name of Bank/Branch _____	City/State _____	Chkg. Acct. # _____ Loan Acct. # _____	Telephone No. () _____	Contact Officer _____

TRADE REFERENCES

Name of Supplier _____	City/State _____	Acct # _____	Telephone No. () _____	Contact Person _____
Name of Supplier _____	City/State _____	Acct # _____	Telephone No. () _____	Contact Person _____
Name of Supplier _____	City/State _____	Acct # _____	Telephone No. () _____	Contact Person _____

Vendor: _____

Salesperson: _____ Phone No. _____ Date: _____

The undersigned certifies that the above information given for credit purposes is true and correct and authorizes the firm or person to whom this application is made and any credit bureau or other investigative agency to investigate the references, statements, or other data listed or accompanying this application. The undersigned authorizes all parties contacted to release credit and financial information requested as a part of said investigation.

By: _____