



**Leasing Solutions LLC**

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Palisades, New York 10964  
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F: (815) 642-0837**

**EQUIPMENT LEASING APPLICATION**

<b>B U S I N E S S</b>	BUSINESS NAME/LESSEE				TELEPHONE/FAX	
	ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)
	CORPORATION	PROPRIETORSHIP	PARTNERSHIP	NON-PROFIT	AGE OF BUSINESS	FED. TAX NO.
	LOCATION OF EQUIPMENT (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)

<b>O W N E R S H I P</b>	Business Structure					
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	SOC. SEC. NO.	
	HOME ADDRESS (STREET)			(CITY)	(STATE)	(ZIP CODE)
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	SOC. SEC. NO.	
	HOME ADDRESS (STREET)			(CITY)	(STATE)	(ZIP CODE)
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	SOC. SEC. NO.	
HOME ADDRESS (STREET)			(CITY)	(STATE)	(ZIP CODE)	

<b>B A N K S</b>	BANK		BRANCH		FAX	TELEPHONE
	ACCOUNT UNDER NAME OF		CHECKING ACCT. NO.	BANK CONTACT		LOAN ACCOUNT NO.
	BANK		BRANCH		FAX	TELEPHONE
	ACCOUNT UNDER NAME OF		CHECKING ACCT. NO.	BANK CONTACT		LOAN ACCOUNT NO.
	BANK		BRANCH		FAX	TELEPHONE
	ACCOUNT UNDER NAME OF		CHECKING ACCT. NO.	BANK CONTACT		LOAN ACCOUNT NO.

<b>T R A D E S</b>	COMPANY NAME	ACCOUNT NO.	TELEPHONE NO.	CONTACT PERSON

<b>E Q U I P M E N T</b>	VENDOR				CONTACT
	ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)
	EQUIPMENT TO BE LEASED				
	COST OF EQUIPMENT \$	TERMS OF LEASE	MO. PAYMENT	DEPOSIT RECEIVED	

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lessor or its Designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.

**X** \_\_\_\_\_  
SIGNATURE/TITLE  
PERSONAL:  
**X** \_\_\_\_\_ (No title)  
Name \_\_\_\_\_  
DATE \_\_\_\_\_