

Creative Business Solutions Through Leasing

Lessee		Vendor	
Legal Bus. Name:		Name:	
Doing Business As:		Address:	
Address:		City, State, Zip:	
City, State, Zip:		Contact:	
Contact:		Telephone:	
Telephone:	Web Address:	Fax:	
Fax:	email :	Web Address:	
Equipment Location (if different than above):			
Federal Tax ID#:			

Business Information			
Type of Business (Check One):	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other
Years in Business:	Annual Revenues: \$	Number of Employees:	

Principals/Guarantors			
Name:	DOB:	SSN#:	US Citizen: Y <input type="checkbox"/> N <input type="checkbox"/>
Home Address:	Cell #	email:	Ownership %
Name:	DOB:	SSN#:	US Citizen: Y <input type="checkbox"/> N <input type="checkbox"/>
Home Address:	Cell #	email:	Years Owned

Equipment Description	Lease Structure
Description:	Term (Mths) : 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other ____
Cost: \$ <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Equip Location:	Purchase Option <input type="checkbox"/> FMV <input type="checkbox"/> 10% PO <input type="checkbox"/> Other <input type="checkbox"/>
	Advance Payments: <input type="checkbox"/> 1 <input type="checkbox"/> 2 Downpayment <input type="checkbox"/>

Company Bank References				
Bank Name:	Yrs:	Acc #	Phone ()	Contact:
Bank Name:	Yrs:	Acc #	Phone ()	Contact:

Trade References				
Supplier Name:	Yrs:	City/State:	Phone ()	Contact:
Supplier Name:	Yrs:	City/State:	Phone ()	Contact:
Supplier Name:	Yrs:	City/State:	Phone ()	Contact:

I/we hereby authorize United Leasing, Inc., or their agents, to investigate my/our credit worthiness including retrieving consumer credit reports or a ny background checks at any time. I/We will provide financial statements, tax returns, etc., as you deem necessary. I/we **Warrant And Affirm** that the information submitted herein is true and correct and hereby authorize references contained herein to release any necessary information. Further, I/we understand that United Leasing, Inc. reserves the right to reverse any credit decision if the information contained herein is found to be incorrect. I/we warrant that I/we will indemnify United Leasing, Inc. for any and all costs incurred with this application for credit including any cost incurred in the placement or reservation of the intended leased equipment based on information contained herein.

The USA PATRIOT act requires financial institutions to obtain, verify, and record identifying information for each person or entity that applies for financing. Therefore, this application must include the applicant's exact legal name, address, and tax ID number. If a personal guarantee is required a social security number and date of birth will be required as well.

Signature: _____ Printed Name: _____ Date: _____

Signature: _____ Printed Name: _____ Date: _____



Fax completed application to: 812 485 3533
 For additional information please contact
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