



the leasing experts
equipment financing

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Credit Application

COMPLETE AND FAX BACK TOLL FREE TO 888.777.5327

*Required

BUSINESS INFORMATION				
*COMPLETE LEGAL NAME OF BUSINESS AND D/B/A NAME (IF ANY)				*STATE OF INCORPORATION
*BUSINESS PHONE NUMBER	BUSINESS FAX NUMBER	*CURRENT YEAR'S GROSS SALES	*CONTACT PERSON	
<input type="checkbox"/> "S" CORPORATION	<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> NON-PROFIT	*EMAIL ADDRESS OF CONTACT/BUSINESS	
<input type="checkbox"/> "C" CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LLC		
*TYPE/NATURE OF BUSINESS		*YEARS UNDER CURRENT OWNERSHIP	FEDERAL TAX ID NUMBER	
*BUSINESS ADDRESS			*CITY	*STATE *ZIP
*PLEASE SELECT ONE <input type="checkbox"/> OWN <input type="checkbox"/> RENT		IF RENTING, INDICATE LANDLORD NAME		LANDLORD PHONE
PRINCIPAL / OWNER INFORMATION				
*NAME	*% OF OWNERSHIP	*SOCIAL SECURITY #	*CELL PHONE #	*HOME ADDRESS
*TITLE			ALT PHONE #	*CITY *STATE *ZIP
NAME	% OF OWNERSHIP	SOCIAL SECURITY #	CELL PHONE #	HOME ADDRESS
TITLE			ALT PHONE #	CITY STATE ZIP
NAME	% OF OWNERSHIP	SOCIAL SECURITY #	*CELL PHONE #	*HOME ADDRESS
TITLE			ALT PHONE #	*CITY *STATE *ZIP
NAME	% OF OWNERSHIP	SOCIAL SECURITY #	CELL PHONE #	HOME ADDRESS
TITLE			ALT PHONE #	CITY STATE ZIP
BANK INFORMATION				
*BANK NAME	*BUSINESS CHECKING ACCOUNT NUMBER	NAME OF CONTACT	PHONE NUMBER	
EQUIPMENT INFORMATION				
VENDOR NAME		PHONE NUMBER	*EQUIPMENT DESCRIPTION	
*COST OF EQUIPMENT (APPROX.)	CONDITION OF EQUIPMENT <input type="checkbox"/> NEW <input type="checkbox"/> USED		DESIRED TERM / MONTHS <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60	

By signing below, each undersigned individual(s), who is either a principle of the credit applicant listed above or a personal guarantor of its obligations, provides written instruction to The Leasing Experts, Inc. or its designee authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photocopy or facsimile copy of this authorization shall be as valid as the original. In addition, the undersigned authorizes financial institutions and creditors the right to release by telephone or fax all credit information requested.

SIGNATURE

*PRINT NAME

*TITLE

*DATE