

AMERICAN LEASING

A California Limited Partnership

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Leasing Application

Company Name _____ Date Established _____
Address _____
Telephone _____ E:mail Address _____ Office Contact _____
Fax Number _____ Type of Business _____
Form of Organization: Corp: _____ Partnership: _____ Proprietorship: _____ Fed ID # _____
Equipment Description: _____ Dollar Amount: \$ _____

PRESIDENT/PRINCIPALS:

Name _____ Age _____ SS# _____
Address: _____ Birth _____
Month/Day/Yr _____

Name: _____ Age: _____ SS#: _____
Address: _____ Birth _____
Month/Day/Yr _____

CREDIT INFORMATION: Branch telephone number preferred, if available.

Bank _____	Bank _____
Address _____	Address _____
Account # _____	Account # _____
Phone#/Contact _____	Phone#/Contact _____

TRADE REFERENCES: Account Numbers, fax Numbers, and e:mail addresses speeds up the process.

1. (Name) _____	(Address) _____	(Phone) _____
2. (Name) _____	(Address) _____	(Phone) _____
3. (Name) _____	(Address) _____	(Phone) _____
4. (Name) _____	(Address) _____	(Phone) _____
(Name) _____	(Address) _____	(Phone) _____

LANDLORD:

INSURANCE AGENT:

(Name) _____ (Address) _____ (Phone) _____
By signing below, each undersigned individual(s), who is either a principal of the credit applicant listed below or a personal guarantor of its obligations, provides written instruction to American Leasing or its designee (and any assignee or potential assignee thereof) authorizing review of his or 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 photostatic or facsimile copy of this authorization shall be valid as the original.

Credit Applicant: _____ Date: _____

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