



Lease Application

Lessee					Venuoi				
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 at	ove):			**					
Federal Tax ID#:									
Business Information									
Type of Business (Check One):	e of Business (Check One):				tnership 🗌 Proprietorship 🔲 Other				
ears in Business: Annual Revenues: \$				Number of Employees:					
Principals/Guarantors									
Name:	ne:		SSN#:		US Citizen: Y N N		Ownership %		
Home Address:			Cell #		email:		Years Owned		
Name:		DOB:	SSN#:	0.2		US Citizen: \	/ 🗆 N 🗆	Ownership %	
Home Address:				Cell #		email:		Years Owned	
Equipment Description						Lease	Structure		
Description:					Term		(Mths) : 36 🖂 48 🖂 60 🖂 Other		
					Purchase Op		tion - FMV - 10% PO - Other -		
Cost: \$ New 🗆 Used 🗀 Equip Location:				Advance Payments: 🛮 1 🗘 2 Downpayment 🗘					
Company Bank References									
Bank Name:	Yrs:	Acc #		Phone (hone ()		Contact:		
Bank Name:	Yrs:	Acc #		Phone (Phone ()		Contact:		
Trade References									
Supplier Name:	Yrs:	City/State:		Phone (Phone ()		Contact:		
Supplier Name:	Yrs:	City/State:		Phone (one ()		Contact:		
Supplier Name:	Yrs:	City/State:		Phone (e()		Contact:		
I/we hereby a uthorize United Leasing, Inc., or their agents, to investigate my/our credit worthiness including retrieving consumer credit reportsor any background checks at any time. I/We will provide financials tatements, tax returns, etc., as you deem necessary. I/we Warrant And Affirm that the information submitted herein is true and correct and hereby a uthorize 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 a pplies 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: Date:									
Signature:	ignature: Printed Name:				Date:				
Signature:		_ Printed Name:		Date:					

Creative Business Solutions Through Leasing



Fax completed application to: 812 485 3533
For additional information please contact
Matt Carlisle: 800 742 3928 ext 3533

3700 E. MORGAN AVENUE • EVANSVILLE, INDIANA 47715

