



3185 Corporate Grove Dr. • Hudsonville, MI 49426

Ph. (616) 896-8720 • Fax (616) 896-8721

EQUIPMENT LEASE/LOAN APPLICATION

Business						
Company					Fed. Tax ID Number	
Street Address (Street)			(City)		(State)	(Zip Code) County
Phone	Fax	Mobile/Alternate #	E-mail Address			
Location of Equipment (If different from above)			Type of Business		Tax District	
Organization Structure <input type="checkbox"/> Corporation <input type="checkbox"/> DBA <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC				State of Incorporation	Yr. Business Opened	
Ownership						
Principal Name			Title	% Owner	Personal Guarantee Yes	Soc. Sec. #
Principal Address (Street)			(City)	(State)	(Zip Code)	Own How Long Rent Mortgage/Rent Payment
Principal Name			Title	% Owner	Personal Guarantee Yes	Soc. Sec. #
Principal Address (Street)			(City)	(State)	(Zip Code)	Own How Long Rent Mortgage/Rent Payment
Bank Reference						
Bank		Address			Officer	Phone
Acct. Under Name of		Checking Acct. #		Savings Acct. #	Loan #	
Trade References						
Company		Address			Contact	Phone
Equipment						
Vendor				Est. Delivery Date	Contact	
Address (Street)		(City)		(State)	(Zip Code)	Phone
Equipment Description				Equipment Cost	Terms Requested	
Insurance Agency covering equipment (if known)				Phone #	Fax #	

The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent. Furthermore, the undersigned authorizes all parties and agrees to release any credit or financial information requested as part of said inquiry.

Signature: _____ Date: _____