

APPLICATION FOR LEASE / LOAN

Applicant Name: _____ State of Incorporation: _____

Phone: () _____ Fax: () _____

Federal Tax ID # _____ Website URL: _____

Address: _____ Years at present address: _____

City: _____ County _____ State: _____ Zip: _____

Contact Name: _____ Title: _____ SSN: _____

Email Address: _____ Is Company Tax Exempt? _____ If yes, please provide T/E Certificate: _____

Description of Business: _____ Please check: 1 Corp. 2 Partnership Year Established: _____

To Whom This May Concern: This will be your authority and my request for you to release any information hereafter requested concerning personal or company credit standing including authorization to obtain consumer credit reports. Applicant also acknowledges that if a third party referred you to **Providence Equipment Finance**, Applicant agrees that such third party has no authority on behalf of Providence Equipment Finance. A photostatic or facsimile copy of the authorization shall be valid as the original:
Signature: _____ Date: _____

BANK REFERENCES:	TELEPHONE:	CONTACT NAME:	ACCT. NUMBER (S):	EMAIL ADDRESS:
1. _____	() _____	_____	_____	_____
2. _____	() _____	_____	_____	_____

CREDIT & TRADE REFERENCES BUSINESS NAME:	CONTACT NAME:	TELEPHONE:	EMAIL ADDRESS:
1. _____	_____	() _____	_____
2. _____	_____	() _____	_____
3. _____	_____	() _____	_____

LANDLORD REFERENCES NAME:	CONTACT NAME:	TELEPHONE:	EMAIL ADDRESS:
1. _____	_____	() _____	_____
2. _____	_____	() _____	_____

PLEASE COMPLETE THE FOLLOWING FOR ALL OWNERS:

Name: _____ Home Address: _____	Name: _____ Home Address: _____
City, _____ State _____ Zip: _____	City, _____ State _____ Zip: _____
Home Phone: _____ Birthdate _____ SSN: _____	Home Phone: _____ Birthdate _____ SSN: _____

DESCRIPTION OF EQUIPMENT:	NO. MACHINES:	MAKE & MODEL (AND SERIAL NO.'S IF AVAILABLE):
_____	_____	_____
_____	_____	_____

TERM DESIRED (# OF MONTHS): _____ PAYMENT DESIRED: _____ TOTAL EQUIPMENT COST: _____
 NEW EQUIPMENT OR USED EQUIPMENT (CHECK ONE)

SUPPLIER NAME: _____ SALES PERSON _____ STREET ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____ PHONE: _____