



A Division of Providence Bank & Trust

APPLICATION FOR LEASE / LOAN

Business 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./LLC 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. The USA Patriot Act required PEF to verify each customer's identification and PEF reserves the right to retain a copy of the ID provided. All authorized signers must provide PEF with a color copy of their driver's license or other government issued photo identification. 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): _____

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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: _____



630-985-3500
providenceleasing.com

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