



3345 39th Street S, Ste. 2, ~ Fargo, ND 58104
(701) 476-0221 ~ (800) 558-7337 ~ (701) 476-0277 FAX

LEASE APPLICATION

LESSEE INFORMATION

Legal Name of Lessee: _____

Lessee Contact: _____ Phone: _____ Fax: _____

Lessee Address: _____ State: _____ Zip: _____ County: _____

Years in Business: _____ Federal Tax ID#: _____ Email Address: _____

OWNERS/GUARANTORS INFORMATION

Name: _____

Name: _____

Home Address: _____

Home Address: _____

Social Security#: _____

Social Security #: _____

% Ownership: _____

% Ownership: _____

FINANCIAL DATA

Total Assets: _____

Total Annual Revenue: _____

Total Liabilities: _____

Total Net Income: _____

EQUIPMENT INFORMATION

Vendor Name: _____

Vendor Contact: _____ Phone: _____ Fax: _____

Vendor Address: _____

Equipment Description: _____

Equipment Location: _____ Equipment Price (w/o tax): _____

(If different than lessee address)

CREDIT REFERENCE INFORMATION

BANK 1: _____ Contact: _____

Checking No: _____ Loan No: _____ Phone: _____

Each individual signing below authorizes you or any assignee or funding source which may be utilized (collectively referred to as "Lenders") to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

X _____
SIGNATURE SIGNER'S PRINTED NAME DATE

X _____
SIGNATURE SIGNER'S PRINTED NAME DATE