



Equipment Credit Application

Tel: 877-206-1023

Fax: 561-630-6944

ed@flexleasefinancial.com

www.flexleasefinancial.com

Nationwide Equipment & Commercial Vehicle Financing

COMPANY INFORMATION

LEGAL COMPANY NAME:				PHONE:		CONTACT PERSON:	
WEBSITE ADDRESS:			EMAIL:		FAX:		CELL PHONE:
BUSINESS STREET ADDRESS:				CITY:		STATE:	ZIP:
CORP	LLC	PART	PROP	FED. TAX ID #:	NATURE OF BUSINESS:		YEAR STARTED:

PRINCIPALS (S) / OFFICERS (S) INFORMATION

PRINCIPAL (1) FULL NAME:			TITLE:		HOME PHONE:		SOCIAL SECURITY #:
HOME STREET ADDRESS:				CITY:		STATE:	ZIP:
PRINCIPAL (2) FULL NAME:			TITLE:		HOME PHONE:		SOCIAL SECURITY #:
HOME STREET ADDRESS:				CITY:		STATE:	ZIP:

BUSINESS BANK REFERENCE

BUSINESS BANK NAME:	ACCOUNT #:	PHONE:	CONTACT:
----------------------------	-------------------	---------------	-----------------

LOAN or LEASE REFERENCE (S)

LEASE OR LOAN REFERENCE NAME (1):	ACCOUNT #:	PHONE:	CONTACT:
LEASE OR LOAN REFERENCE NAME (2):	ACCOUNT #:	PHONE:	CONTACT:

TRADE REFERENCE (S)

TRADE REFERENCE NAME (1):	ACCOUNT # OR CONTACT PERSON:	PHONE:
TRADE REFERENCE NAME (2):	ACCOUNT # OR CONTACT PERSON:	PHONE:

DEALER INFORMATION & EQUIPMENT DESCRIPTION

DEALER NAME:		FULL ADDRESS:	SALES PERSON:	PHONE:
YEAR:	MAKE & MODEL:	EQUIPMENT DESCRIPTION / MILES/HOURS:		COST \$:

PRIMARY APPLICANT SIGNATURE _____ **CO-APPLICANT SIGNATURE** _____

By signing this form I/We hereby agree and give authorization to Flex Lease Financial, its agents and/or assign's to investigate my/our credit worthiness, payment history from the information I/We supplied on this credit application. I/We give permission to any credit agency, bank institution or creditor to release any/all information as it pertains to my/our account(s).