

Equipment Credit Application

COMPANY INFORMATION									
LEGAL COMPANY NAME:					PHONE:			CONTACT PERSON:	
WEBSITE ADDRESS:				EMAIL:			FAX:		CELL PHONE:
BUSINESS STREET ADDRESS:					CITY:			STATE:	ZIP CODE:
CORP	LLC	PART	PROP	FED. TAX ID #:		NATURE OF BUSINESS:			YEAR STARTED:
PRINCIPALS (S) / OFFICERS (S) INFORMATION									
PRINCIPAL / OWNER (1) FULL NAME:						COMPANY TITLE:			
SOCIAL SECURITY NUMBER:				DATE OF BIRTH:			HOME PHONE NUMBER:		
HOME STREET ADDRESS:					CITY:			STATE:	ZIP CODE:
PRINCIPAL / OWNER (2) FULL NAME:						COMPANY TITLE:			
SOCIAL SECURITY NUMBER:				DATE OF BIRTH:			HOME PHONE NUMBER:		
HOME STREET ADDRESS:					CITY:			STATE:	ZIP CODE:
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).