

EQUIPMENT LEASE APPLICATION

EQUIPMENT COST	EQUIPMENT	VENDOR NAME	VENDOR PHONE	VENDOR CONTACT
Legal Company Name		Phone	Dale	
DBA		Fax	Cell Phone	
Physical Address		City	State	Zip
Equipment to be located at		City	State	Zip
Describe business		Date of incorporation/Time in business	County	
Federal Tax ID #	<input type="checkbox"/> Corporation <input type="checkbox"/> Proprietor Ship <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit			
Website	Ever file bankruptcy? Yes / No If Yes, please specify date closed			

OWNERSHIP				
Principal's Name	Title	% Owner	Home Phone	SSN
Home Address	City		State	Zip <input type="checkbox"/> Own <input type="checkbox"/> Rent
Principal's Name	Title	% Owner	Home Phone	SSN
Home Address	City		State	Zip <input type="checkbox"/> Own <input type="checkbox"/> Rent
Principal's Name	Title	% Owner	Home Phone	SSN
Home Address	City		State	Zip <input type="checkbox"/> Own <input type="checkbox"/> Rent

FINANCIAL		
Business Checking (Institute Name)	Phone	Fax
Contact Person	Amount #1	Account #2
Money Market (Institution Name)	Phone	Loan
Business Checking	Phone	Fax
Contact Person	Account #1	Account #2
Money Market	Account #1	Loan

REFERENCES	Landlord	Trade Creditor 1	Trade Creditor 2	Trade Creditor 3
Name				
Phone				
Fax				
Contact Person				
Account #				

The undersigned, who is either a principal of the credit applicant, or a guarantor of its obligations-recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant-authorize and consents to Columbia Equipment Finance, its nominees or its assigns, to review his/her personal credit from a National Credit Bureau. This authorization extends to obtaining ratings from listed banks and trade references. Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for the purpose of an update, renewal, or the extension of additional credit as requested. A fax or photocopy of this authorization is to be accepted as an original.

Company Name: _____ **Signature:** _____ **Title:** _____

If your application is declined, you may receive a written statement of the reasons for declination. Submit a written request within 60 days of notification of decline.

Phone: 800-733-3939 • Fax application to: 800-827-2600