

# COLUMBIA

## Equipment Finance

Since 1985

### LEASING APPLICATION FOR WORK TRUCKS & CONSTRUCTION EQUIPMENT

<b>BUSINESS</b>	Company Name		Phone		Fax	
	Physical Address		City		State	Zip
	Equipment to be located at		City		State	Zip
	Type of business <input type="radio"/> Corporation <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Proprietorship					
	Federal ID #		Date of incorporation / Time in business		Cell Phone	
	Ever file bankruptcy? <b>Yes / No</b>		If Yes, please specify date closed			
<b>OWNERSHIP</b>	Principal's Name		Title	% Owner	Home Phone	SSN
	Home Address		City		State	Zip <input type="radio"/> Own <input type="radio"/> Rent
	Principal's Name		Title	% Owner	Home Phone	SSN
	Home Address		City		State	Zip <input type="radio"/> Own <input type="radio"/> Rent
	Principal's Name		Title	% Owner	Home Phone	SSN
	Home Address		City		State	Zip <input type="radio"/> Own <input type="radio"/> Rent
<b>BANKING</b>	Bank		Contact Person		Phone Number	
	Account Under Name Of		Checking Acct #		Opening Date	Current Balance
	Bank		Contact Person		Phone Number	
	Account Under Name Of		Checking Acct #		Opening Date	Current Balance
	Loan / Lease		Contact Person		Phone Number	
	Account Under Name Of		Acct #		Opening Date	Current Balance
<b>TRADES</b>	<b>Company Name</b>		<b>Account Number</b>		<b>Phone Number</b>	
	1)					
	2)					
3)						
<b>VENDOR</b>	Vendor Company		Contact Person			
	Address		City		State	Zip
	Phone		Fax		Email	
	Equipment To Be Leased					<b>New / Used</b>

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.