

1st American Leasing LLC Lease Application

EQUIPMENT VENDOR NAME _____

BUSINESS INFORMATION (Lessee information)

LEGAL BUSINESS NAME _____

DBA _____

BUSINESS ADDRESS _____

CITY/ STATE / ZIP _____

BUSINESS PHONE _____ FAX _____ PERCENTAGE OF OWNERSHIP _____

YEARLY BUSINESS INCOME _____ YEARLY PROFIT IN BUSINESS _____

WEBSITE _____ BUSINESS EMAIL _____

CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETORSHIP _____ LLC _____ OTHER _____

TYPE OF BUSINESS _____ AGE OF BUSINESS _____ FED ID # _____

BANK NAME _____ ACCOUNT # _____ ROUTING# _____

BANK PHONE # _____ CONTACT _____

EQUIPMENT _____ TERM (MONTHS) _____ LEASE PAYMENT _____

PERSONAL INFORMATION

OWNER/OFFICER _____ TITLE _____

HOME ADDRESS _____

CITY / STATE / ZIP _____

PHONE NUMBER _____ CELL PHONE # _____

DATE OF BIRTH _____ PERSONAL EMAIL _____

SOCIAL SECURITY # _____ DRIVERS LIC # _____

NEAREST RELATIVE _____ PHONE # _____

NEAREST RELATIVE ADDRESS _____

DO YOU OWN YOUR OWN HOME? _____ YES _____ NO IF YES, HOW LONG? _____

PERSONAL INCOME FROM BUSINESS _____ ADDITIONAL PERSONAL INCOME _____

EMPLOYER _____ YEARS EMPLOYEED _____ ALT WORK PHONE# _____

I HEREBY CERTIFY THAT ALL OF THE INFORMATION PROVIDED IS TRUE, CORRECT & COMPLETE. FOR THIS PURPOSE 1ST AMERICAN LEASING LLC MAY UTILIZE CREDIT BUREAU'S & REPORTING AGENCIES.

SIGNATURE OF APPLICANT _____ DATE _____