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 Suite 111-592
 Minneapolis, MN 55442-1771
 Local: 763-559-3595
 Toll-Free: 800-989-0985
 Fax: 763-559-8466

EQUIPMENT LEASING APPLICATION

Please fill out, sign and fax back to 763-559-8466, ATTN: Leo Timmerman

BUSINESS OWNERSHIP	CELL/MOBILE NUMBER		BUSINESS NAME/LESSEE/dba		
			TELEPHONE NUMBER		
	ADDRESS (STREET)	(CITY)	(STATE)	(COUNTY)	(ZIP CODE)
	TYPE OF BUSINESS		# YRS OF OWNERSHIP	FAX NUMBER	
	EQUIPMENT TO BE LOCATED AT: (STREET)	(CITY)	(STATE)	(COUNTY)	(ZIP CODE)
	BUSINESS STRUCTURE CORPORATION	LLC	PROPRIETORSHIP	PARTNERSHIP	
	PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
	PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT

MUST PROVIDE 2 YEARS BANKING HISTORY. ONE LOAN OR LEASE PREFERRED.

BANKING	BANK		CONTACT PERSON		TELEPHONE
	BUSINESS ACCOUNT UNDER NAME OF		CHECKING ACCT. NO.	OPENING DATE	CURRENT BALANCE
	BANK		CONTACT PERSON		TELEPHONE
	BUSINESS ACCOUNT UNDER NAME OF		CHECKING ACCT. NO.	OPENING DATE	CURRENT BALANCE
	LOAN/LEASE		CONTACT PERSON		TELEPHONE
	ACCOUNT UNDER NAME OF		ACCT. NO.	ORIGINAL BALANCE	CURRENT BALANCE

TRADES WITH HIGH CREDIT AND LONG TERM RELATIONSHIP

T R A D E S	COMPANY NAME	ACCOUNT NO.	TELEPHONE NO.	CONTACT PERSON

V E N D O R	VENDOR			CONTACT	
	ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	TELEPHONE NUMBER
	EQUIPMENT TO BE LEASED	FAX NUMBER		<input type="checkbox"/> NEW <input type="checkbox"/> USED	
	COST OF EQUIPMENT \$	TERMS OF LEASE		E-MAIL	

<p>By signing, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lessor or its Designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting accounts. A photostat or facsimile copy of this authorization shall be valid as the original. By signature, I/we affirm my/our identity as the respective individual(s) identifies in the above application.</p>	<p style="text-align: center;">X _____</p> <p style="text-align: center;">SIGNATURE</p> <hr/> <p style="text-align: center;">X _____</p> <p style="text-align: center;">SIGNATURE</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">DATE</p> <hr/> <p style="text-align: center;">_____</p> <p style="text-align: center;">DATE</p>
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