

# LEASE APPLICATION

## F.I.T. LEASING

### Financing Industry & Technology

12611 Pearce Street • Garden Grove CA 92843

1548 N. Gardenia • Ontario CA 91762

(800) 299-4348 • FAX (714) 638-4170 or (909) 391-4621 (fax)

Date:

Lessee Contact:

Lessee Email:

BUSINESS NAME:

BUSINESS ADDRESS:

CITY: COUNTY: STATE: ZIP:

TYPE OF BUSINESS: PHONE:

DATE OPENED: CORP: LLC: PARTNER: PROP: TAX ID: FAX:

#### OFFICERS/OWNERS (THOSE AUTHORIZED TO SIGN A LEASE)

NAME	TITLE	HOME ADDRESS	Own/Rent	PHONE	SS#

#### BUSINESS CHECKING/SAVINGS ACCOUNTS

BANK	ACCOUNT#	OFFICER	PHONE	CK/SV

#### BUSINESS LOAN/LEASE REFERENCES

LENDER	ACCOUNT#	PHONE

#### BUSINESS TRADE REFERENCES (PLEASE PROVIDE AT LEAST THREE REFERENCES)

NAME	ACCOUNT#	CONTACT	PHONE
1.			
2.			
3.			

LANDLORD:

#### EQUIPMENT INFORMATION

DESCRIPTION	PRICE

INSTALLATION ADDRESS:

VENDOR NAME:

CONTACT:

ADDRESS:

PHONE:

*By signing below, the undersigned individual(s), either a principle of the credit applicant or a personal guarantor of its obligations, provides written instruction to (broker) 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 for 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 account. A facsimile or email copy of this authorization shall be as valid as the original. This signature authorizes any party listed on this application to provide any credit information requested by (broker) or its designee on my/our business or personal accounts. **This signature authorizes broker or it's designee to communicate with signer or their designees by email, fax, personal visit, telephone, or other means for the purposes listed above.***

By: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_