



A Financial Services Company
Since 1984

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Date: _____

Lease Application

LEESSEE: Full Legal Name: _____ dba _____

Address: _____ Phone: _____

_____ Zip: _____ Years in Business: _____

Type of Business: _____ Ownership: Corp. () Prop. () Prshp. ()

Leesee Contact: _____ Fed. Tax I.D. No.: _____

1. Officer Name: _____ Title: _____

Address: _____ Social Security No.: _____

1. Officer Name: _____ Title: _____

Address: _____ Social Security No.: _____

EQUIPMENT: Description: _____

Location: If Different from Above: _____

Total Price without Tax: \$ _____ Lease Term (Months) _____

Monthly Payment: \$ _____ No. Advance Rentals: _____

BANK: Name: _____ Phone: _____

Account No: _____ Type acct.: _____ Officer Name: _____

Name: _____ Phone: _____

Account No: _____ Type acct.: _____ Officer Name: _____

TRADE: Name: _____ Phone: _____

Contact: _____ Acct No.: _____

Name: _____ Phone: _____

Contact: _____ Acct No.: _____

Name: _____ Phone: _____

Contact: _____ Acct No.: _____

Name: _____ Phone: _____

VENDOR: _____ Acct No.: _____

I/We authorize any financial institution or other credit references to verify information or provide additional information which Dericks Leasing and Financial Company and/or its assigns may request. I/We further consent to, and authorize the obtaining and use of consumer credit reports now and from time to time, as needed, in the credit evaluation and review process. (All individuals personally guarantying must sign below.)

X _____ X _____