



**Business Credit Application**

Company Name: \_\_\_\_\_ Proprietorship \_\_\_\_\_  
 Address: \_\_\_\_\_ Partnership \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ LLC \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Corporation \_\_\_\_\_  
 Equipment Location: Same \_\_\_\_\_ Other \_\_\_\_\_ State of Inc. \_\_\_\_\_  
 Type of Business: \_\_\_\_\_ Years in Business \_\_\_\_\_ Fed ID # \_\_\_\_\_

**Principles:** (President or Owner) **PLEASE SIGN AUTHORIZATION BELOW**

Lessee Name & Title                      Home Address & Zip                      Social Security

\_\_\_\_\_  
 \_\_\_\_\_

Description of Equipment:  
 \_\_\_\_\_  
 \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Quantity: \_\_\_\_\_ New: \_\_\_ Used: \_\_\_ Buy Out: \_\_\_ Terms (Mos) \_\_\_\_\_

**Bank Information:**

Bank: \_\_\_\_\_ Bank: \_\_\_\_\_  
 Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Other Accounts: \_\_\_\_\_ Account # \_\_\_\_\_  
 Officer to Contact: \_\_\_\_\_ Officer Name: \_\_\_\_\_  
 (If Lessee has been banking at first Bank for less than 2 years, give second bank info)

**Trade Reference:**

Name:                      Address (City and State)                      Contact                      Phone:

\_\_\_\_\_  
 \_\_\_\_\_

**Vendor of Equipment to be leased:**

Name:                      Address (City and State)                      Contact                      Phone:

\_\_\_\_\_  
 \_\_\_\_\_

The undersigned represents that all information provided with this application is true and correct and hereby authorizes Chase Leasing Company to obtain from third parties information Lessor deems necessary to arrive at a decision regarding this application.

By signing below, the undersigned individual as principle of and/or guarantor for the applicant, authorizes Chase Leasing Company, it's designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this Application and for the purpose of the update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_