

# LeaseItHere.com

Phone 866-589-0433

## Finance Application

Fax 864-752-0848

Business Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Address (incl. City/State/Zip) \_\_\_\_\_

Nature of Business \_\_\_\_\_ Years in Business \_\_\_\_\_ Tax ID# \_\_\_\_\_

Location of Equipment (incl. City/State/Zip) \_\_\_\_\_

**TYPE OF BUSINESS**    Proprietorship    Partnership    Corporation

Principal's Legal Name \_\_\_\_\_ Title \_\_\_\_\_

DOB \_\_\_\_\_ SSN \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_

Home Address (incl. City/State/Zip) \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Spouse's SSN \_\_\_\_\_ Phone # \_\_\_\_\_

How long at this address? \_\_\_\_\_ Own home?  Yes    No

How long at this address? \_\_\_\_\_ Own home?  Yes    No

### **PLEASE LIST ALL CHECKING, SAVINGS, LOANS AND CDS**

(1) Account Type \_\_\_\_\_ Account # \_\_\_\_\_

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_ Bank Officer \_\_\_\_\_ Phone # \_\_\_\_\_

(2) Account Type \_\_\_\_\_ Account # \_\_\_\_\_

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_ Bank Officer \_\_\_\_\_ Phone # \_\_\_\_\_

### **PLEASE LIST SIGNIFICANT TRADE REFERENCES**

Company Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Company Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone # \_\_\_\_\_

### **EQUIPMENT TO BE LEASED**

Equipment Vendor **MF&B Restaurant Equipment – CommercialOvenOutlet.com**

Vendor Address (incl. City/State/Zip) **133 ICMI Road Dunbar, PA 15431**

Vendor Contact **Mark French**      **Phone # 724-333-3387**

Equipment Cost \_\_\_\_\_ Equipment Type \_\_\_\_\_ Desired Lease Term \_\_\_\_\_

Insurance Company \_\_\_\_\_ Agent Name \_\_\_\_\_ Phone # \_\_\_\_\_

\*\*\*Please Note that all owners with more than 20% ownership should be on the application\*\*\*

The undersigned certifies that all credit and financial information submitted is true and correct and authorizes LeaseItHere.com or its assignees, to investigate Lessee's credit worthiness and disclose information and investigation results to each other. The undersigned authorizes all parties contacted to release credit and financial information requested as part of said investigation. All duplicates are to be viewed as valid as the original.

Date \_\_\_\_\_ Applicants Signature \_\_\_\_\_ Title \_\_\_\_\_

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