



CREDIT APPLICATION

437 S. Highway 101, Suite 104,
 Solana Beach, CA 92075
 Ph. 858.259-4794 Fax 858.259.7076
 www.leasing123.com

COMPANY INFORMATION

(Please state EXACT legal name of entity registered with the state)

BUSINESS NAME			
D/B/A			
ADDRESS			
CITY	ST	ZIP	
CONTACT NAME			
TITLE			
PHONE	FAX		
EMAIL			
YEARS IN BUSINESS	CORP PROPRIETORSHIP	S'CORP LLC	PARTNERSHIP NOT FOR PROFIT
DESCRIPTION OF BUSINESS			
STATE IN WITH BUSINESS ORIGINALLY INCORPORATED/FORMED			

BUSINESS REFERENCES

(1 Bank & 3 Trades REQUIRED, if not supplied application will be rejected, one reference must be comparable to the lease amount you are seeking)

BANK NAME		
ACCOUNT#		
CONTACT		
PHONE	FAX	
CITY	ST	ZIP
TRADE NAME 1		
ACCOUNT#		
CONTACT		
PHONE	FAX	
CITY	ST	ZIP
TRADE NAME 2		
ACCOUNT#		
CONTACT		
PHONE	FAX	
CITY	ST	ZIP
TRADE NAME 3		
ACCOUNT#		
CONTACT		
PHONE	FAX	
CITY	ST	ZIP
LEASE / LOAN NAME		
ACCOUNT#		
CONTACT		
PHONE	FAX	
CITY	ST	ZIP

PROPOSED LEASE TERMS

(Please provide as much detailed information as possible)

AMOUNT REQUESTED \$						
DOWNPAYMENT AVAILABLE?	YES	NO	AMOUNT OF DOWNPAYMENT \$			
LEASE TERM (Yrs)	1	2	3	4	5	Other
PAYMENTS	MONTHLY	QUARTERLY	SEMI-ANNUAL	ANNUAL		
EQUIPMENT DESCRIPTION						
EQUIPMENT PURPOSE / USE						

VENDOR INFORMATION

(Attach quote of equipment if available. Use additional sheet if needed)

VENDOR NAME		
ADDRESS		
CITY	ST	ZIP
CONTACT		
PHONE	FAX	
EMAIL ADDRESS		
WEBSITE www.		

PERSONAL INFORMATION

(Needed for all applications where company in business 10 years or less)

NAME 1		
SS#	% Ownership	
HOME ADDRESS		
CITY	ST	ZIP
NAME 2		
SS#	% Ownership	
HOME ADDRESS		
CITY	ST	ZIP
NAME 3		
SS#	% Ownership	
HOME ADDRESS		
CITY	ST	ZIP
NAME 4		
SS#	% Ownership	
HOME ADDRESS		
CITY	ST	ZIP

Dear Credit Grantor: Please consider this application or a fax thereof my binding agreement and acceptance of the proposed lease terms, subject to your credit approval. I/We understand and agree that if I/We am credit approved for the proposed lease terms, and I/We for any reason do not complete the Lease transaction and formal Lease documents, then I/We understand that there will be a one time charge of three hundred seventy five dollars (\$375.00) to cover LII's credit investigation fee and I/We agree to remit upon receipt of invoice. Please consider this application or fax thereof my authorization to furnish a complete history of all accounts, loans, transactions, trade information, balances or other financial information relative to any account we may have with you. I/We grant Leasing Innovations, Incorporated permission to investigate any credit sources necessary to underwrite this credit request. I/We release Leasing Innovations, Incorporated from any liability arising from its credit investigations.

Signed _____ Title _____ Date _____