

# National

Equipment Leasing Corporation

(800) 770-6352

(810)222-0802 fax

Quote Request

Credit Application

**To expedite the credit decision**

- 1) Send 3 mos. checking & loan statements (top page only). Obtaining a bank reference may cause a delay  
2) Completely legibly fill in the app. 3) Provide email & contact ph #'s 4) Confirm we received your app.

<b>FEDERAL TAX ID#</b> _____
<b>LEGAL BUSINESS NAME</b> _____
Doing Business As "DBA" _____
ADDRESS _____
CITY STATE ZIP _____
TELEPHONE #'S _____ main _____ Fax _____

CONTACT NAME: _____ Phone # _____
EMAIL ADDRESS _____ cell ph# _____
Best time to call Contact _____

<b>EQUIPMENT LOCATION</b>
DATE BUSINESS STARTED _____ # Employees Full Time _____ Part Time _____
STATE BUSINESS FORMED IN _____ # years under current owner(s) _____

**TYPE OF BUSINESS** Indicate Type \_\_\_\_\_ S Corp, C Corp, Partnrship, LLC, Proprietor, or P.C.

**DESCRIPTION OF BUSINESS**

<b>SIGNING OFFICER</b>	TITLE _____
HOME ADDRESS & SS# _____	SS# _____
CITY STATE ZIP _____	
Home Phone# _____ 2nd Ph # _____	% Business Ownership _____

<b>ADDITIONAL OFFICER</b>	TITLE _____
HOME ADDRESS & SS# _____	SS# _____
CITY STATE ZIP _____	
Home Phone# _____ 2nd Ph # _____	% Business Ownership _____
Should your company have other owners 20% or more ownership, please list on a separate sheet	

<b>COMPANY PRIMARY BANK</b>	Contact/PH# _____
ACCT NUMBERS Main cking # _____	Loan # _____
Other Acct #'s Indicate Loan or Deposit _____	4th Acct # _____
Should your company have other bank accounts, please list on a separate sheet	

INSURANCE AGENT _____	Phone # _____
ACCOUNTANT _____	Phone # _____

<b>EQUIPMENT TYPE</b> _____	COST \$ _____
Equipment purpose _____	
VENDOR & contact _____	Phone # _____
<b>DESIRED TERM &amp; STRUCTURE</b> _____	Expected Delivery Date _____

I authorize the expeditious release of all business & personal credit, deposit and borrowing information to National Equipment Leasing, its designee & assignee. A facsimile of such authorization to be treated as an original.

X \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE SIGN NEAR THE "X" AND PRINT NAME HERE:

Questions: \_\_\_\_\_

\_\_\_\_\_

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