



PROFESSIONAL LEASING, INC.

740 Sussex Avenue / PO Box 149, Seaford, DE 19973

(302) 629-4350 / Fax (302) 629-5569

info@professionalease.com

LEASE APPLICATION

LESSEE Important to use legal name of entity

COMPANY	ESTIMATED ANNUAL INCOME	TAX ID #
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COMPANY ADDRESS

NATURE OF BUSINESS	TYPE OF BUSINESS <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC	NO. OF YEARS IN BUSINESS
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CONTACT NAME	CONTACT EMAIL ADDRESS	CONTACT PHONE NO. ()
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PERSONAL INFORMATION (OFFICERS / GUARANTORS)

NAME	OWNERSHIP %	TITLE	SOCIAL SECURITY NO.
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HOME ADDRESS RENT
 OWN

EMAIL ADDRESS	PERSONAL PHONE NO. ()
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NAME	OWNERSHIP %	TITLE	SOCIAL SECURITY NO.
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HOME ADDRESS RENT
 OWN

EMAIL ADDRESS	PERSONAL PHONE NO. ()
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COMPANY LOAN REFERENCES

NAME OF LENDER	REFERENCE NUM	TELEPHONE NO. ()	CONTACT PERSON
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NAME OF LENDER	REFERENCE NUM	TELEPHONE NO. ()	CONTACT PERSON
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EQUIPMENT INFORMATION

EQUIPMENT YEAR / MAKE / MODEL	<input type="checkbox"/> NEW <input type="checkbox"/> USED	COST
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ADDITIONAL EQUIPMENT DESCRIPTION

DESIRED LEASE TERM (MONTHS)
 24 36 48 60 72

VENDOR NAME

CONTACT PERSON	TELEPHONE NO. ()
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The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with others, execute a guaranty in your favor. Each undersigned does hereby authorize Professional Leasing, Inc. its successors and or assigns to investigate my/our credit worthiness. The undersigned does hereby affirm that you are relying on the information provided herein in deciding to grant and/or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein. You are authorized to answer questions about your credit experience with me/us.

APPLICANTS SIGNATURE _____ DATE _____

CO-APPLICANTS SIGNATURE _____ DATE _____