

**PROFESSIONAL LEASING, INC.**

740 Sussex Avenue / P.O. Box 149, Seaford, DE 19973  
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 info@professionalease.com

# Lease Application

VENDOR NAME		<b>COST</b>
VENDOR ADDRESS		EQUIPMENT \$
CONTACT PERSON	TELEPHONE NO. ( )	SALES TAX (If Applicable)
		TOTAL COST \$ _____

<b>INITIAL RENTAL TERM</b> _____ Months	<b>MONTHLY RENT</b> _____ Exclusive of applicable tax	<b>ADVANCE PAYMENT</b> \$ _____ Inclusive of applicable tax
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**EQUIPMENT TO BE LEASED** Attach separate list if necessary.

MANUFACTURER	LOCATION OF EQUIPMENT
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DESCRIPTION OF EQUIPMENT

**LESSEE** Important to list legal name of entity.

COMPANY	TAX ID #	DATE OF BIRTH
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BILLING ADDRESS	CITY	COUNTY	STATE	ZIP
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TELEPHONE NO. ( )	CONTACT PERSON	TITLE	EST. ANNUAL INCOME
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NATURE OF BUSINESS	TYPE OF BUSINESS <input type="checkbox"/> Non-Profit <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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**PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS**

NAME	TITLE	SOCIAL SECURITY NO.
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HOME ADDRESS	CITY	STATE	ZIP	EMAIL ADDRESS	HOME PHONE NO. ( )
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NAME	TITLE	SOCIAL SECURITY NO.
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HOME ADDRESS	CITY	STATE	ZIP	EMAIL ADDRESS	HOME PHONE NO. ( )
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**COMPANY BANK REFERENCES – TWO YEAR HISTORY** (Important to establish any loan history)

LANDLORD OR MORTGAGE	RENT <input type="checkbox"/> OWN <input type="checkbox"/>	ADDRESS	TELEPHONE	MONTHLY PAYMENT
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DATE PURCHASED MO. YR	PURCHASE PRICE \$	ORIGINAL MORTGAGE \$	PRESENT MARKET VALUE \$	MORTGAGE BALANCE \$	ESTIMATED EQUITY \$
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NAME OF BANK/BRANCH	CHRG. ACCT. # LOAN ACCT. #	CITY/STATE	TELEPHONE NO. ( )	CONTACT OFFICER
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NAME OF BANK/BRANCH	CHRG. ACCT. # LOAN ACCT. #	CITY/STATE	TELEPHONE NO. ( )	CONTACT OFFICER
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NAME OF BANK/BRANCH	CHRG. ACCT. # LOAN ACCT. #	CITY/STATE	TELEPHONE NO. ( )	CONTACT OFFICER
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**TRADE REFERENCES – TWO YEAR HISTORY** (Important to establish high credit and payment history)

NAME OF SUPPLIER	CITY/STATE	TELEPHONE NO. ( )	CONTACT PERSON
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NAME OF SUPPLIER	CITY/STATE	TELEPHONE NO. ( )	CONTACT PERSON
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NAME OF SUPPLIER	CITY/STATE	TELEPHONE NO. ( )	CONTACT PERSON
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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
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