

CUSTOMER (Complete name of legal entity. If a corporation, use EXACT registered corporate name.)

Company	DBA
---------	-----

Billing Address	City	County	State	Zip
-----------------	------	--------	-------	-----

Contact Person	Mr. Mrs. Ms.	Title	E-Mail
----------------	--------------	-------	--------

Cell Phone	Work Phone	Tax ID/EIN	Time In Business (Yrs)
------------	------------	------------	------------------------

Nature of Business:	Type of Business
	<input type="checkbox"/> LLC/LLP <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation

PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTOR (Include any person with 20% or more ownership)

Name	Title	% Ownership	Social Security No.
------	-------	-------------	---------------------

Home Address	City	State	Zip	Home Phone No.
--------------	------	-------	-----	----------------

Date of Birth	Email Address	Cell Phone No.
---------------	---------------	----------------

Name	Title	% Ownership	Social Security No.
------	-------	-------------	---------------------

Home Address	City	State	Zip	Home Phone No.
--------------	------	-------	-----	----------------

Date of Birth	Email Address	Cell Phone No.
---------------	---------------	----------------

Has the Company or any Guarantors ever declared bankruptcy	Yes	No
--	-----	----

SUPPLIER INFORMATION

Supplier's Name	Contact
-----------------	---------

Telephone Number	Email
------------------	-------

EQUIPMENT INFORMATION (Attach separate schedule if necessary)

Quantity	Description (include make, model & serial #s and any attachment)	Equipment Cost (excluding applicable tax) \$
----------	--	---

REQUESTED LEASE PAYMENT TERMS

Term in Months	Lease Payment - (not including tax) \$	Down Payment \$	Purchase Option
----------------	---	--------------------	-----------------

TRADE REFERENCES - TWO YEAR HISTORY

Name of Supplier	City/State	Telephone No. Email.	Contact Person
------------------	------------	-------------------------	----------------

Name of Supplier	City/State	Telephone No. Email.	Contact Person
------------------	------------	-------------------------	----------------

COMPANY BANK REFERENCES - TWO YEAR HISTORY

Name of Bank/Branch	Chkg. Acct. #	Telephone No.	Contact Person
---------------------	---------------	---------------	----------------

City/State	Loan Acct. #	Email
------------	--------------	-------

Applicant authorizes the release of any credit information concerning applicant including credit reports, loan, lease, checking, saving and trade accounts to Equipment Leasing Group of America, LLC, and / or any of its assigns. Applicant warrants that the information stated above is true and correct. Authorization is granted to use photo, digital, or fax copies of this application and applicant's signature thereon to obtain credit information.

Signature: X _____ Date: _____
 Signature: X _____ Date: _____