Lease Genie
"Equipment Financing"

COMPANY

Exact Legal Name			EIN#
DBA	Phone		Fax
Street Address			
City	State	Zip	County
Business Description			# of Employees
Years in Business (ownership)	Business Structure (circle) Corporation	Sole Proprietor	Partnership
Contact	Phone	Fax	Email

PRINCIPALS

Name	% Own	Title	SS# - -	
Home Address		City	State	Zip
Name	% Own	Title	SS# - -	
Home Address		City	State	Zip

BANK REFERENCE

Bank Name	Phone	Fax
Checking Acct #	Loan Acct #	Officer
Bank Name	Phone	Fax
Checking Acct #	Loan Acct #	Officer

TRADE ACCOUNTS

Name	Phone	Contact	Date Open / /
Name	Phone	Contact	Date Open / /
Name	Phone	Contact	Date Open / /
Installation Location (if other than lessee's above address)			

TOTAL COST (including program options, third-party products, training, etc) **$** _____

TERM (check one)**:** ○ 24 ○ 36 ○ 48 ○ 60 Months **BUY-OUT** (check one)**:** ○ 10% Option ○ $1 Option

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes Lease Genie its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of the update, renewal or extension of credit to the applicant or the collection of any resultant accounts. Such authorization shall extend to obtaining bank, trade and a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A fax or photocopy of this authorization shall be valid as the original.

_____ Applicant Signature

_____ Printed Name

_____ Date

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