



# Lease Application

Fax Completed Application to: 800.736.0218

## Lease Corporation of America

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing that the applicant has the legal capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

## Equipment/Cost/Terms

|                            |                |                        |
|----------------------------|----------------|------------------------|
| Type of Proposed Equipment | Equipment Cost | Proposed Term (Months) |
|----------------------------|----------------|------------------------|

## Vendor of Equipment ("Supplier")

PLEASE PRINT – USE BLACK INK

|                |                |                  |            |
|----------------|----------------|------------------|------------|
| Vendor Name    | Contact Person | Telephone Number | Fax Number |
| Vendor Address | City           | State            | Zip        |
|                |                | E-Mail Address   |            |

## Applicant Company Information

|                    |  |                           |
|--------------------|--|---------------------------|
| Legal Company Name | D/B/A  | Signer Name & Title       |
| Company Address    | City   | County                    |
|                    | State  | Zip                       |
| Telephone Number   | Fax Number   | E-Mail                    |
|                    |  | Business Start Date       |
| Nature of Business | Type of Business   | Federal ID# (9 digits)    |
|                    | <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC | State Organizational ID # |

## Personal Information Of Guarantors

|   |       |                        |                         |
|---|-------|------------------------|-------------------------|
| Name  | Title | Social Security Number | Driver's License Number |
| Home Address  | City  | State                  | Zip                     |
|   |       | Home Phone Number      | Own or Rent             |
|   |       |                        | How Long?               |
| You authorize us to investigate your credit as provided below<br>Signature <b>X</b> |       | Date                   | Annual Personal Income  |
|   |       |                        | Date of Birth           |
| Name  | Title | Social Security Number | Driver's License Number |
| Home Address  | City  | State                  | Zip                     |
|   |       | Home Phone Number      | Own or Rent             |
|   |       |                        | How Long?               |
| You authorize us to investigate your credit as provided below<br>Signature <b>X</b> |       | Date                   | Annual Personal Income  |
|   |       |                        | Date of Birth           |

## Company Bank References – Two Year History

|                     |           |                                  |                  |                 |
|---------------------|-----------|----------------------------------|------------------|-----------------|
| Name of Bank/Branch | How Long? | Checking Acct. # or Loan Acct. # | Telephone Number | Contact Officer |
| Name of Bank/Branch | How Long? | Checking Acct. # or Loan Acct. # | Telephone Number | Contact Officer |

## Trade References – Two Year History

|                  |            |                  |                 |
|------------------|------------|------------------|-----------------|
| Name of Supplier | City/State | Telephone Number | Contact Officer |
| Name of Supplier | City/State | Telephone Number | Contact Officer |

## Applicant Financial Information

- No. of years owner/CEO has been in this line of business: \_\_\_\_\_
- No. of years in business at current address: \_\_\_\_\_
- No. of employees: \_\_\_\_\_
- Approximate net worth of business: \$ \_\_\_\_\_
- Approximate net profit after tax last year: \$ \_\_\_\_\_
- Approximate net profit after tax for the year before last: \$ \_\_\_\_\_

THE FOLLOWING ITEMS WILL HELP EXPEDITE APPROVAL AND ASSURE THE LOWEST POSSIBLE PAYMENT.

- Completed and signed application.
- Most recent financial statements with auditor's cover letter.
- Full personal guarantor information.

FAX COMPLETED APPLICATION TO: (800) 736-0218

LCA understands that the applicant is considering asking LCA to purchase the equipment described on the attached lease agreement from the Supplier (please supply information to left) to enter into a lease. I/We hereby request and authorize you, Lease Corporation of America, ("LCA" or the "Lessor") to whom this application is made, or your agents or assigns, to investigate my/our credit worthiness and will provide financial statements, tax returns, etc., as you deem necessary. By the execution of this application, I/we warrant that the information submitted herein is true and correct and hereby authorize references contained herein to release any requested information. If any of the applicants (i.e. guarantors, lessees) have not signed this application, I/we hereby warrant that I/we have their written authorization for you to investigate their credit. I/we warrant it is understood that Lessor reserves the right to reverse any credit decision if the information contained herein is found to be incorrect, and I/we will indemnify Lessor for any and all costs incurred with this application for credit including any cost incurred in the placement or reservation of the intended leased equipment if any of the information contained herein turns out to be incorrect, and I/we hereby request any above named entity to consider this to be our written request to release all information requested by Lessor to Lessor. We also hereby acknowledge receipt of a copy of this application. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain a statement, please send a written request to us at 3150 Livernois Road, Suite 300, Troy, MI 48063 within 60 days of when you learn of our decision. We will send you a written statement of our reasons within 30 days of receiving your request for a statement.

|                    |       |
|--------------------|-------|
| Signature <b>X</b> | Date: |
|--------------------|-------|