



**EQUIPMENT FINANCE/LEASE APPLICATION**

<b>BUSINESS</b>	BUSINESS NAME				DATE	TELEPHONE
	ADDRESS		CITY	STATE	ZIP	FAX
	TYPE OF BUSINESS		DATE FORMED	FEDERAL TAX ID#		CELL PHONE
	EQUIPMENT LOCATION (STREET)		CITY	STATE	ZIP	EMAIL ADDRESS
	<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC					STATE OF INCORPORATION

<b>OWNERSHIP</b>	PRINCIPAL'S NAME		TITLE	% OWNER	GUARANTEE <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY NUMBER	
	HOME ADDRESS		CITY	STATE	ZIP	HOW LONG <input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE
	PRINCIPAL'S NAME		TITLE	% OWNER	GUARANTEE <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY NUMBER	
	HOME ADDRESS		CITY	STATE	ZIP	HOW LONG <input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE
	PRINCIPAL'S NAME		TITLE	% OWNER	GUARANTEE <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY NUMBER	
	HOME ADDRESS		CITY	STATE	ZIP	HOW LONG <input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE

<b>BANKS</b>	BANK NAME	BRANCH/CITY	TELEPHONE	FAX	CONTACT	ACCOUNT NUMBER

<b>LENDERS</b>	LENDER NAME	BRANCH/CITY	TELEPHONE	FAX	CONTACT	ACCOUNT NUMBER

<b>TRADES</b>	SUPPLIER NAME	BRANCH/CITY	TELEPHONE	FAX	CONTACT	ACCOUNT NUMBER

<b>EQUIPMENT</b>	VENDOR NAME				CONTACT	EMAIL ADDRESS
	STREET ADDRESS		CITY	STATE	ZIP	TELEPHONE
	EQUIPMENT TO BE LEASED/FINANCED					FAX
	EQUIPMENT COST		DELIVERY DATE	TERMS	ADVANCE PAYMENTS	END OF LEASE PO

**APPLICANT'S STATEMENT AND AUTHORIZATION TO RELEASE BANK INFORMATION**

Applicant hereby authorizes American Leasing & Financial, its nominees or assigns ("Lessor"), to check Applicant's credit and bank records, and specifically authorizes all of its bankers and creditors to release to Lessor any information Lessor requests. By signing below, the undersigned individual(s) authorizes Lessor to review his/her personal credit profile from any commercial credit bureau for the purpose of extending or renewing any credit facility, or to collect the resulting account. A photostat or facsimile copy of this authorization is valid as the original. By signing below, I/we affirm our identity as the respective individuals identified in this application.

1. Signature \_\_\_\_\_ 2. Signature \_\_\_\_\_  
 3. Signature \_\_\_\_\_ 4. Signature \_\_\_\_\_

**"Financing You Can Afford. Service You Can Rely On!"**

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