

Equipment Cost and purpose:

1-312-846-6918 phone 1-312-929-4258 fax

EQUIPMENT & VENDOR INFORMATION				
Equipment Description		Equipment Cost		Vendor Name
Vendor Address		Street	City	State Zip
Vendor Contact	Vendor Phone #	Terms	Plan	Option

COMPANY INFORMATION				
Business Name			Federal Tax I.D. Number	
Location Address		Street	City	State Zip
Mailing Address (if different)		Street	City	State Zip
Business Phone Number	Owner since (Mo/Yr)		Total Years in this type business	
Type of Ownership			Type of Industry	

OWNER / PERSONAL PROFILE <i>(use additional applications for multiple owners)</i>				
Name		Social Security Number	Date of Birth	% Ownership Company Title
Spouse's Name (if co-owner or co-applicant)		Social Security Number	Date of Birth	% Ownership Company Title
Home Address		Street	City	State Zip # Years at this Address
Home Telephone Number	Housing Expense \$ _____ per month <input type="checkbox"/> Own <input type="checkbox"/> Rent		Applicant: \$ _____ Spouse (if applicant): \$ _____ Annual Income	
Name		Social Security Number	Date of Birth	% Ownership Company Title
Spouse's Name (if co-owner or co-applicant)		Social Security Number	Date of Birth	% Ownership Company Title
Home Address		Street	City	State Zip # Years at this Address
Home Telephone Number	Housing Expense \$ _____ per month <input type="checkbox"/> Own <input type="checkbox"/> Rent		Applicant: \$ _____ Spouse (if applicant): \$ _____ Annual Income	
Name		Social Security Number	Date of Birth	% Ownership Company Title
Spouse's Name (if co-owner or co-applicant)		Social Security Number	Date of Birth	% Ownership Company Title
Home Address		Street	City	State Zip # Years at this Address
Home Telephone Number	Housing Expense \$ _____ per month <input type="checkbox"/> Own <input type="checkbox"/> Rent		Applicant: \$ _____ Spouse (if applicant): \$ _____ Annual Income	

BANK REFERENCE				
Name of Bank/Branch		City/State	Checking Acct. #	Telephone # Contact Officer

HOME OWNERSHIP				
Name of Lender		City/State	Account #	Telephone # Contact Person
Name of Lender		City/State	Account #	Telephone # Contact Person

The undersigned certifies that the information provided in this application is true and complete as of the date indicated. Lessor is authorized to conduct a credit investigation using any and all information provided for commercial leasing credit.

X _____
 Authorized Officer, Partner or Proprietor Title Date