



170 Timber View, Oak Brook, IL 60523  
 Tel: (630) 834-2100 Fax: (630) 834-2181

®

## LEASE APPLICATION

Lessee's Full Legal Company Name \_\_\_\_\_

Company Web Address: www. \_\_\_\_\_

(If Lessee above is an L.P. or L.L.C., include correct legal Name & Address of General Partner(s) or Member(s):

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Contact Person \_\_\_\_\_

Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_

State of Registration \_\_\_\_\_

State of Registration of General Partner(s) or Member(s) \_\_\_\_\_

Federal Tax ID number \_\_\_\_\_

Business Structure

No. of Years  
in Business:

Type of Business

Sole Proprietorship    Regular Corporation    S Corporation  
 Partnership    L.L.C.

State of Registration: \_\_\_\_\_

Equipment Description - attach separate pages if more room is needed

Equipment Cost

Payment Amount

Lease Term:

NOTICE: 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 THE STATEMENT, PLEASE CONTACT THE LESSOR NAMED HEREIN WITHIN 60 DAYS FROM THE DATE YOU ARE NOTIFIED OF OUR DECISION. WE WILL SEND YOU A WRITTEN STATEMENT OF REASONS FOR THE DENIAL WITHIN 30 DAYS OF RECEIVING YOUR REQUEST FOR THE STATEMENT. 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 (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OF 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 FEDERAL TRADE COMMISSION, ECOA, COMPLIANCE, WASHINGTON, DC 20581. APPLICANT SPECIFICALLY AUTHORIZES FAX TRANSMISSIONS.

GUARANTOR INFORMATION REQUESTED FOR ALL CORPORATIONS,  
AND ALL PARTNERSHIPS, PROPRIETORSHIPS, PROFESSIONAL AND SERVICE RELATED BUSINESSES.

PERSONAL DATA

PERSONAL DATA

PERSONAL DATA

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

HOME ADDR: \_\_\_\_\_ HOME ADDR: \_\_\_\_\_ HOME ADDR: \_\_\_\_\_

CITY, ST., ZIP \_\_\_\_\_ CITY, ST., ZIP \_\_\_\_\_ CITY, ST., ZIP \_\_\_\_\_

SOC. SEC. #. \_\_\_\_\_ SOC. SEC. #. \_\_\_\_\_ SOC. SEC #. \_\_\_\_\_

REFERENCES (LIST BANK OR BANKS, PREVIOUS BANK REQUIRED IF APPLICANT HAS BEEN AT PRESENT BANK LESS THAN TWO YEARS)

PRESENT BANK  
OF APPLICANT

PREVIOUS OR SECOND  
BANK OF APPLICANT

BRANCH: \_\_\_\_\_ PHONE: \_\_\_\_\_ BRANCH: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF BANK OFFICER: \_\_\_\_\_ ACCT. #. \_\_\_\_\_ NAME OF BANK OFFICER: \_\_\_\_\_ ACCT. #. \_\_\_\_\_

Provide three (3) Loan/Lease/Trade References: Name and Address: Phone: Fax: Account #:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I AUTHORIZE THE RELEASE OF ANY CREDIT OR FINANCIAL INFORMATION TO LESSOR AND/OR LESSOR'S ASSIGNS:

Please send last 2 year's audited financial statements along with recent interim financials. If audited statements are not available, please send GAAP financials and tax returns. (leaseapp 06-12-07)

AUTHORIZED SIGNERS & TITLES X \_\_\_\_\_  
 AUTHORIZED SIGNERS & TITLES X \_\_\_\_\_  
 AUTHORIZED SIGNERS & TITLES X \_\_\_\_\_