

Rapid Solution Leasing, Inc.

Tollfree: 800-894-7380

Fax: 586-894-6006

www.RapidSolutionLeasing.com

EQUIPMENT LEASE
APPLICATION

APPLICANT INFORMATION

Business Legal Name:		Time In Business Under Current Ownership:	Federal ID Number	
Business Address		City/County	State	Zip
Business Phone Number ()		Business Fax Number ()		
Type Of Ownership: <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation	State of Inc:	Type Of Business:	Annual Revenue:	Business Fax Number ()

PRINCIPAL INFORMATION (100% Ownership disclosure required. Principals listed will be required to guaranty lease.)

Name (First-Middle-Last) <i>Please Print</i>		Date of Birth	Title	% Ownership	Social Security Number
Present Address		City/County	State	Zip	Home Phone Number ()
Other Owner/Guarantor	Title	Address	Date of Birth	%Ownership	Social Security Number

BANK/CHECKING & SAVINGS (Please include first page of last 3 months bank statements)

Bank	Phone	Fax	Officer	Acct#	How Long	CK	SV	CD
Bank	Phone	Fax	Officer	Acct#	How Long	CK	SV	CD

EQUIPMENT LOANS/LEASES (Open or Paid)

Firm Name	Phone	Fax	Acct#	High Credit	How Long
Firm Name	Phone	Fax	Acct#	High Credit	How Long

EQUIPMENT INFORMATION

DEALER NAME/CONTACT/PHONE NUMBER: (ATTACH COPY OF QUOTE *if available*)

EQUIPMENT DESCRIPTION/COST: _____ \$ _____ NEW USED Year: _____

EQUIPMENT LOCATION : _____

TERM REQUESTED: 24 MOS 36 MOS 48 MOS 60 MOS PURCHASE OPTION: FMV 10% \$1.00

Signature on Page 2 Required for Processing

Initials:

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