

LEASE / RENTAL - APPLICATION

40 Pleasant St, Suite 350, Portsmouth, NH 03801

www.LeaseDishwashers.com

www.LeaseRestaurantSupplies.com

www.LeaseIceMachine.com

Fill out and Fax back to (888) 282-4322

Sales/Support: (888) 280-3117

LESSEE	Legal Business Name		DBA Name (if applicable)		
	Business Street Address/City/State/Zip Code			Business Real Estate Rent <input type="checkbox"/> Own <input type="checkbox"/>	
	Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other <input type="checkbox"/>		State of Incorporation		Federal Tax ID #
	Type of Business (Industry)			Years In Business (Current Ownership)	
	Primary Contact	Phone No.	Fax No.	Email Address	
TERMS	Finance Options (check box) <input type="checkbox"/> 24 Months <input type="checkbox"/> 36 Months <input type="checkbox"/> 48 Months <input type="checkbox"/> 60 Months <input type="checkbox"/> Other _____				

PRINCIPALS (Owners, partners, and principal officers)	Principals Full Name		Title	% Ownership	Social Security No.
	Home Address/City/State/Zip Code			Rent <input type="checkbox"/> Own <input type="checkbox"/>	Birth Date (Mo/Day/Yr)
	E-mail Address		Home Phone No.	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Cell Phone No.
	Principal #2 Name		Title	% Ownership	Social Security No.
	Home Address/City/State/Zip Code			Rent <input type="checkbox"/> Own <input type="checkbox"/>	Birth Date (Mo/Day/Yr)
	E-mail Address		Home Phone No.	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Cell Phone No.
EQUIPMENT	Equipment Location Address				Credit Requested \$
Quantity	Make and Model	General Description (<input type="checkbox"/> check if equipment is used) Year if Used			
Quantity	Make and Model	General Description (<input type="checkbox"/> check if equipment is used) Year if Used			
REFERENCES	Business Bank		Account No.		
	Average Bank Balance	How Long?	Contact	Phone No.	

Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes you, to whom this application is made, or your agents or designee, to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim, which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

All approvals are subject to the verification of time in business and a complete description of the equipment. Each signer will submit a copy of his or her driver's license.

X	_____	_____	_____
Signature	Signer's Printed Name	Date	
X	_____	_____	_____
Signature	Signer's Printed Name	Date	

If there are multi locations, please send list of equipment for each location, along with the application.