

Drywall Master

877-849-8200 fax: 708-366-4077



AGENT: **LEASESOURCE** Financial Services, Inc.
Tel: 704-845-5600 Fax: 704-845-5605
800-813-0725 888-813-2789

INFORMATION

1. Company Business Name: _____
Address: _____
City: _____ County: _____ State: _____ Zip : _____
Phone: _____ FAX: _____

2. Equipment Location: Same _____ Other _____ Email _____

3. Type of Business: _____ Yrs in Busi _____ Total Yrs. Same Owner _____

4. Principals: President, Owners, Partners **Proprietorship** ___ **Partnership** ___ **Corporation** ___

Name	Title	Home Address & Zip	Social Security
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name	Title	Home Address & Zip	Social Security	Fed ID #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. Description of Equipment: _____
_____ Model _____

Quantity: _____ New _____ (Or) Used _____ Approx. Equipment \$ _____

6. Lessee's Bank & Branch: _____ Contact _____
City & State: _____ Yrs @ bank _____ Telephone: _____

Acct.# _____ *If lessee has been banking at above less than two years, give former bank

Former or Other Bank: _____ Contact _____ Acct# _____ Ph: _____

7. Trade References (businesses where you have lines of credit, leases or business accounts)

Name	Phone #	Contact
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1) _____

2) _____

3) _____

By signing below, the undersigned 1. individual as principal of and/or guarantor for the applicant, authorizes LeaseSource or its assign. (or Broker/Lessor), 2. its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering 3. this Application and for the purpose of the update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. 4. A fax or photocopy of this authorization shall be valid as the original.

Signature _____

Signature _____