

EQUIPMENT LEASE APPLICATION



Principal

CAPITAL

Toll Free Fax: (866) 296-3032

Toll Free: (866) 296-3031

INTERNAL USE

Date _____ Time _____

App. # _____

VENDOR INFORMATION

Vendor's Name Champion Supply, Inc.		Vendor Code	Contact Bobby Johnson	
Telephone # (828) 283-1999	Fax # (828) 648-4309	Email Address info@johnsonsupplyinc.com		
Street 17 Piney Park Rd.	City Asheville	State NC	Zip 28806	

PAYMENT PLAN

Term in Months	Factor Used	Lease Payment \$ <small>(Does not include taxes)</small>	<input type="checkbox"/> FMV	<input type="checkbox"/> \$1.00 Buyout	Security Deposit \$
			<input type="checkbox"/> 10% Security Deposit	<input type="checkbox"/> Other	

EQUIPMENT TO BE LEASED (Attach separate list if necessary.)

Description (Include make, model & serial #'s and any attachments)	Equipment Cost: \$
	\$

LESSEE (Complete legal name of entity. If a corporation, use EXACT registered corporate name.)

Company	DBA	FED I.D. #
Address	City	County
	State	Zip

Telephone # ()	Fax # ()	Email Address
Nature of Business	Contact Person <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Number of Years in Business <small>(Present Ownership)</small>
Type of Business <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corp. (Registered in the State of _____) <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit Corp. (Registered in the State of _____)		

PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS

Name	Title	% Ownership	Social Security Number
Home Address	City	State	Zip
			Home Phone Number ()
Name	Title	% Ownership	Social Security Number
Home Address	City	State	Zip
			Home Phone Number ()

TRADE REFERENCES - TWO YEAR HISTORY

Name of Supplier	City / State	Telephone Number ()	Contact Person
Name of Supplier	City / State	Telephone Number ()	Contact Person
Name of Supplier	City / State	Telephone Number ()	Contact Person

COMPANY BANK REFERENCES - TWO YEAR HISTORY

Name of Bank / Branch	City / State	Chkg. Acct. #	Telephone Number ()	Contact Officer
		Loan Acct. #		
Name of Bank / Branch	City / State	Chkg. Acct. #	Telephone Number ()	Contact Officer
		Loan Acct. #		

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

Signature _____ Print Name _____ Date _____