

SPRINGS LEASING CORPORATION

Lease Application

PO Box 667817

Charlotte, North Carolina 28266-7817 704-357-3020 Fax # 704-357-6301

Vendor Name			COST	
Vendor Address			Equipment	\$
Sales Person			Delivery	
Telephone Number			Installation	
Fax Number			Other	\$
			Total Cost	\$
LEASE TERM	MONTHLY LEASE PAYMENT	INCEPTION PAYMENT		<input type="checkbox"/> Security Deposit
Months	Amount	Sales Tax	Including applicable tax	<input type="checkbox"/> Other

EQUIPMENT TO BE LEASED (Attach separate list if necessary)

Manufacturer and Description

EQUIPMENT LOCATION (Physical address where equipment will be located) Rent / Lease Own

Address City County State Zip

LESSEE (Important to list legal corporate name of entity)

Company Tax ID #

Billing Address City County State Zip

Telephone Number Fax Number Contact Person Title Email Address

Nature of Business Type of Business Non-Profit Proprietorship Partnership Corporation Number of Years in Business

Insurance Agency Contact Agency Phone Number Agency Fax Number

PERSONAL INFORMATION OF OWNERS, PARTNERS OR GUARANTORS (If more than two, list on another page)

Name % of Ownership Title Social Security Number

Home Address City State Zip Home Phone Number

Name % of Ownership Title Social Security Number

Home Address City State Zip Home Phone Number

COMPANY BANK REFERENCES - TWO YEAR HISTORY (Important to establish any loan history)

Name of Bank Checking Acct # Loan Acct # Telephone Number Contact Officer

Name of Bank Checking Acct # Loan Acct # Telephone Number Contact Officer

TRADE REFERENCES - TWO YEARS HISTORY (Important to establish high credit and payment history)

Name of Supplier City and State Telephone Number Account #

Name of Supplier City and State Telephone Number Account #

Name of Supplier City and State Telephone Number Account #

I/We hereby authorize you to whom this application is made or your agents to investigate my/our financial responsibility and credit worthiness and will provide financial statements, tax returns, etc. as you deem necessary. My (our) signature(s) authorizes my (our) present and prior bank or depository named on this application to furnish and release the requested information that may be of assistance in rendering a decision on this lease application. I/We stand advised that the security deposit is not refundable unless application is rejected by Lessor.

Signature _____ Company Officer _____ Title _____ Date _____