

BC LEASING ASSOCIATES - Lease Application
275 NE 48th Street, Pompano Beach, FL 33064
(954) 360-9900 Fax (954) 360-9922 Toll Free (888) 360-9944

APPLICANT: _____

Mailing Address: _____

Equip. Location: _____

Tele#: _____ FAX#: _____ Contact: _____

Corporation: ___ Proprietorship: ___ Partnership: ___ County: _____ FEI#: _____

Type of Business: _____ Date Established: _____
(Month/Year)

PROPRIETOR! PARTNERS! STOCKHOLDERS: (Indicate title and % of ownership)

Name: _____ SSN: _____

Residence: _____

Tele#: _____ Birth Date: _____ Spouse: _____

Name: _____ SSN: _____

Residence: _____

Tele#: _____ Birth Date: _____ Spouse: _____

BANK REFERENCES: (Two year history)

1. _____ Tele#: _____ Officer: _____

Cking#: _____ Sav.#: _____ Loan#: _____

2. _____ Tele#: _____ Officer: _____

Cking#: _____ Sav.#: _____ Loan#: _____

LOANS/LEASES: (Comparable credit)

1. _____ Tele#: _____ Acct#: _____

2. _____ Tele#: _____ Acct#: _____

TRADE REFERENCES: (Two year history)

1. _____ Tele#: _____ Contact: _____

2. _____ Tele#: _____ Contact: _____

3. _____ Tele#: _____ Contact: _____

LANDLORD: _____ Tele# _____ Contact: _____

INS. AGT: _____ Tele#: _____ Contact: _____

Approximate Cost of Equipment: \$ _____ Term of Lease: _____

Equipment: _____

Vendor: _____ Salesman: _____

Address: _____ Telephone: _____

I hereby authorize any credit reporting agency, our banks, trade references and financial institutions to release credit information to BC Leasing Associates or assignee, and further warrant that all the information above is true and complete.

Signature: _____ Title: _____ Date: _____