



RAPID LEASE Application

1100 South Tryon Street • Suite 301 • Charlotte, NC 28203 • Phone: 704.332.1170 • 800.311.8570 • Fax: 704.332.1146 • 800. 211.8216

CUSTOMER INFORMATION

LEGAL COMPANY NAME			d/b/a		
STREET ADDRESS		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	

CONTACT	PHONE () -	FAX () -	E-MAIL ADDRESS
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FEDERAL TAX ID #		NUMBER OF YEARS IN BUSINESS UNDER CURRENT OWNERSHIP:		ANNUAL REVENUE		
BUSINESS TYPE	<input type="checkbox"/> Proprietorship Year Started _____	<input type="checkbox"/> S Corp. State of Organization _____ Year Incorporated _____ Year Started _____	<input type="checkbox"/> C Corp.	<input type="checkbox"/> General Partnership State of Organization _____ Year Started _____	<input type="checkbox"/> Limited Partnership State of Organization _____ Year Started _____	<input type="checkbox"/> Limited Liability Co. State of Organization _____ Year Started _____

DESCRIPTION OF BUSINESS	Do you have past and/or current suits, liens, judgements or bankruptcies? _____	If yes, when? _____
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LEASE INFORMATION

EQUIPMENT DESCRIPTION (include manufacturer and model number)		SALESPERSON	DISTRIBUTOR OR AGENT
ESTIMATED LEASE AMOUNT \$	LEASE TERM (months) <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60	LEASE/LOAN TYPE <input type="checkbox"/> 10% Purchase Option <input type="checkbox"/> \$1.00 Buyout	

OWNER/PRINCIPAL INFORMATION

PLEASE GIVE NAMES, HOME ADDRESSES, SOCIAL SECURITY NUMBERS, TITLE OF OWNERS, PARTNERS, AND PRINCIPAL OFFICERS. If Corporation, please list name(s) of majority shareholder(s) and percentage of stock they own.

NAME	TITLE	% OWNERSHIP	SOCIAL SECURITY NO. OR SIN
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HOME ADDRESS	CITY	STATE/PROVINCE	ZIP/POSTAL CODE	HOME PHONE NUMBER () -
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NAME	TITLE	% OWNERSHIP	SOCIAL SECURITY NO. OR SIN
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HOME ADDRESS	CITY	STATE/PROVINCE	ZIP/POSTAL CODE	HOME PHONE NUMBER () -
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REFERENCE INFORMATION

BANK REFERENCE		
PRESENT BANK		ACCOUNT NUMBER
BRANCH	BANK OFFICER	PHONE NUMBER () -

SECURED DEBT OR LEASE REFERENCES (If unavailable, (2) Trade References)			
1. COMPANY NAME	CONTACT	PHONE NUMBER () -	FAX NUMBER () -
2. COMPANY NAME	CONTACT	PHONE NUMBER () -	FAX NUMBER () -

Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below gives authorization 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 the 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.

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

Fax completed application to Leasing Resources, Inc. at 800.211.8216 for immediate processing