

BUSINESS INFORMATION	Full Legal Name (Include DBA If Applicable)			Tax Identification #		
Lease Term: <input type="checkbox"/> 12 Mo. Lease <input type="checkbox"/> 24 Mo. Lease <input type="checkbox"/> 36 Mo. Lease <input type="checkbox"/> 48 Mo. Lease <input type="checkbox"/> 60 Mo. Lease	Billing Street Address			<input type="checkbox"/> "S" Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> LLP		
	City County State Zip					
	Equipment Location (if different from above) (Street Address/City/County/State/Zip)					
	Contact Name and Title		Phone # w/Area	Fax # w/Area Code		End of Lease Options:
	Superintendent's Name		Super's Cell #	Contact Email		
Business Description		Years in Operation	Years Under Current Owner	Date & State of Incorporation		
		# of Holes at Facility	# of Annual 18 Hole Rounds	Equipment is <input type="checkbox"/> Replacement <input type="checkbox"/> Addition to Inventory		
(2 Years of financial statements required if greater than \$100,000)	<input type="checkbox"/> Public <input type="checkbox"/> Private If Yes, # of Members _____		<input type="checkbox"/> Member Owned		<input type="checkbox"/> Equity Membership	
	<input type="checkbox"/> Semi-Private <input type="checkbox"/> Other		<input type="checkbox"/> Investor Owned		<input type="checkbox"/> Other	
PRINCIPALS/ PARTNERS	Name (Principal/Partner/Officer)			% Ownership	PG _Y_ N	
	Home Street Address (Principal/Partner/Officer) City/ State/Zip			Social Security # - -		
(Please indicate (Y/N) if personal guarantees (PG) will be provided.)	Name (Principal/Partner/Officer)			% Ownership	PG _Y_ N	
	Home Street Address (Principal/Partner/Officer) City/ State/Zip			Social Security # - -		
EQUIPMENT INFORMATION	Total Estimated Transaction Size: \$		# of Advance Payments:	Total Estimated Lease Payment: \$		
	Equipment Description (Attach Proposal or Quotation)					
PROGRAM INFORMATION	Program Description					
	Supplier name		Contact Name(s)	Phone # () -		
BANK REFERENCE	Business Bank Reference Name Checking/Loan Account #			Phone # () -		
	Address (City, State)			Account/Loan Officer		
TRADE REFERENCES	Trade References (Name/City/State/Telephone #)			Phone #		
	1.					
2.						
SEND DOCUMENTS TO	Attention:		Phone #:			
	Address (City, State, Zip)					
BUSINESS PURPOSE	The applicant (Lessee) certifies to Leasing & Financial Services and/or its designees that it is applying for credit for business purposes, and not for personal, family or home use.					
CREDIT INFORMATION RELEASE	I hereby authorize any bank, financial institution or trade reference listed above to release appropriate credit information on the above account(s) to Lease and Financing Services and/or its designees.					
	X					
	Signature			Date		

