Equipment Finance Group, Inc.

8665 W. Flamingo Rd., 131-421 Las Vegas, NV. 89147

Office 702-222-2440 Fax 702-222-2482

EQUIPMENT LEASING APPLICATION

В	BUSINESS NAME/LESSEE Phone:								
U S	ADDRESS (STREET)	(CITY) (STATE)			EMAIL: (ZIP CODE)		(ZIP CODE)		
Ĭ									,
N E	TYPE OF BUSINESS		JNN & BRADSTREET JMBER			DATE BUSINESS BEGAN		FED. TAX NO.	
S S	LOCATION OF EQUIPMENT (STREE	(STATE)			(COUNTY)		(ZIP CODE)		
	Business Proprietorship	∐S-Cor	p LLC	Public Co	orp. ∐Pa	artnersh	nip		
o W	PRINCIPAL'S NAME		TITLE	% OWNERSHIP		HOME PHONE NO.		SOC. SEC. NO.	
N E	HOME ADDRESS (STREET) (City		(STATE)	(ZI	P CODE)	□ OWN □ RENT		DRIVER'S LIC. NO.	
R S	PRINCIPAL'S NAME		TITLE	% OW	% OWNERSHIP		HOME PHONE NO.		SOC. SEC. NO.
H I	HOME ADDRESS (STREET)	EET) (CITY) (STATE) (ZIF		P CODE)	CODE)			DRIVER'S LIC. NO.	
Р	PRINCIPAL'S NAME		TITLE	E % OWNERS			HOME PHONE NO.		SOC. SEC. NO.
	HOME ADDRESS (STREET)	(STREET) (CITY) (STATE) (ZIP CODE)		P CODE)		□ OWN □ RENT		DRIVER'S LIC. NO.	
	BANK	BRANCI	4			Conta	ıct	Phone	
B A N						Fax			
	ACCOUNT UNDER NAME OF	CHECKI	NG ACCT. NO.		SAVINGS ACCT. NO). LOAN A		ACCT. NO.
	BANK	BRANCH				Contact Phone Fax			
K S	ACCOUNT UNDER NAME OF CHECK		ING ACCT. NO.		SAVINGS ACCT. NO		D. LOAN		ACCT. NO.
	COMPANY NAME	IPANY NAME		ACCOUNT NO.		TELEPHOI			CONTACT PERSON
T R	N/A				PHONE: FAX:				
A D	N/A				PHONE: FAX:				
E S	N/A				PHONE: FAX:				
E Q	VENDOR						C	ONTACT	
U	ADDRESS (STREET) (C			CITY) (STATE)			(ZIP CODE) TE		ELEPHONE
P M									
N T	COST OF EQUIPMENT \$	TERMS OF LEASE		RATE / MO. PAYMENT		PAYMENT	DEPOSIT RECEIVED		
I hereby authorize the leasing company it's nominees and/or assigns, to investigate the references									
herein listed or statements or other data obtained from me or from any other persons pertaining to my credit and financial responsibility. SIGNATURE/TITLE DATE									
SIGNATURE/TITLE DATE									