

Alpha Equipment Leasing

Credit Application

Office: 612-216-3570 ~ Fax: 612-435-4811

Lessee:

Company Name: _____	DBA: _____
Address: _____	City/State/Zip: _____
Phone: _____	Fax: _____
Email: _____	
Type of Business: _____	Sole Proprietorship _____ Partnership _____ Corporation _____ LLC _____ Other: _____
Federal Tax ID#: _____	State of Incorporation: _____ Time in Business: _____

Vendor / Seller:

Company Name: _____	Contact: _____
Phone: _____	Fax: _____
Website: _____	

Equipment: (Please fax Invoice with Application)

New: _____ Used: _____ Year: _____	Make: _____ Model: _____
Cost: \$ _____	Description: _____

Term Requested:

Months: _____ 24 _____ 36 _____ 48 _____ 60	Lease Type: _____ Operating _____ Capital _____ Sale Leaseback
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Bank References:

Principal Bank: _____	Contact: _____
Phone: _____	Acct #: _____
Acct #: _____	

Comparable Lending / Trade References:

Company: _____	Contact: _____	Phone: _____	Acct #: _____
Company: _____	Contact: _____	Phone: _____	Acct #: _____
Company: _____	Contact: _____	Phone: _____	Acct #: _____

Personal Information on Owners, Partners or Officers (100% Ownership)

Applicant Name: _____	Title: _____	Ownership %: _____
Address: _____	City/State/Zip: _____	
Social Security #: _____	DOB: _____	Phone: _____
Email: _____		

*I authorize all deposit, borrowing and trade information be released to the Lessor. I hereby represent all information is true, correct and complete.

Applicant Name: _____	Title: _____	Ownership %: _____
Address: _____	City/State/Zip: _____	
Social Security #: _____	DOB: _____	Phone: _____
Email: _____		

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Alpha Equipment Leasing or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photo/fax copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s)/owner(s) identified in the above application.

Signature: X _____	Signature: X _____
Printed Name: _____	Printed Name: _____
Date: _____	Date: _____

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission Equal Credit Opportunity, Washington, D.C. 20580.