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EQUIPMENT LEASE APPLICATION

BUSINESS NAME/LESSEE			TELEPHONE NO.
STREET ADDRESS	CITY	STATE	ZIP CODE
TYPE OF BUSINESS (check one): Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other <input type="checkbox"/>		AGE OF BUSINESS	FED. TAX NO.
LOCATION OF EQUIPMENT (STREET ADDRESS)	CITY	STATE	ZIP CODE

PRINCIPAL'S NAME	TITLE	% OWNER	HOME PHONE	SOC. SEC. NO.
HOME STREET ADDRESS	CITY	STATE	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
PRINCIPAL'S NAME	TITLE	% OWNER	HOME PHONE	SOC. SEC. NO.
HOME STREET ADDRESS	CITY	STATE	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT

Please attach a separate sheet for any additional principals

BANK	BRANCH	FAX	TELEPHONE
ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	ORIGINAL BALANCE	CURRENT BALANCE
BANK	BRANCH	FAX	TELEPHONE
ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	ORIGINAL BALANCE	CURRENT BALANCE

Lease/Trade References

COMPANY NAME	ACCOUNT NO.	TELEPHONE NO.	CONTACT PERSON

Vendor Information

VENDOR			CONTACT
STREET ADDRESS	CITY	STATE	ZIP CODE
EQUIPMENT TO BE LEASED			
COST OF EQUIPMENT	TERMS OF LEASE	RATE / MO. PAYMENT	DEPOSIT RECEIVED \$

DECLARATION: The below undersigned certifies that the information supplied on the credit application and/or credit information sheet is true and correct. Furthermore, by signing below the undersigned individual(s), as principal(s) of and guarantor(s) for the applicant, authorizes Capital Infusion Partners, LLC and/or its designee to obtain and review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of the updated, renewal or extensions of credit to the applicant. The undersigned also authorize all parties contacted to release credit and financial information requested as part of the credit investigation. A fax or photocopy of this authorization shall be valid as the original.

Applicant 1: _____ Signature: _____ Date: _____

Applicant 2: _____ Signature: _____ Date: _____