



Commercial Lease Application

Fax application to 619.225.0066

Questions call 800.540.3900

Full Company Name				(select one) <input type="radio"/> Corporation <input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership			
Physical Address							
Equipment Location Address <i>(If different from above address)</i>							
Telephone Number		Cell Number		Fax Number		Number of Employees	
Website				E-mail			
Date Established <i>(With Current Ownership)</i>				State Incorporated			
Owner name				Owner name (2)			
Home address				Home address (2)			
City State Zip				City State Zip (2)			
Home phone		Home Owner Yes No		Home phone (2)		Home Owner Yes No	
Title				Title (2)			
% of Ownership				% of Ownership (2)			
Social Security Number				Social Security Number (2)			
Bank – Business checking				Account #			
Equipment description				Equipment cost			
Vendor name		Address			City State Zip:		
Salesperson		Phone			Fax		

CREDIT AUTHORIZATION AND RELEASE

I hereby certify: (i) the information provided is true and correct. (ii) You are hereby authorized to investigate all bank, credit, and trade references, and said references are hereby authorized to release any requested information to you or your nominee, (iii) such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purpose of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account, (iv) this information may be transmitted by us to you and to underwriter(s) for the purpose of granting to me credit, either electronically or manually, and that by submitting this application, I take full responsibility for transmission thereof, (v) I am over eighteen years, (vi) I acknowledge my rights under the Fair Credit Reporting Act, and (vii) this request is for business and not for consumer purposes.

X _____ Date _____
