



**LEASE-IT CORPORATION**

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**EQUIPMENT LEASING APPLICATION**

<b>B U S I N E S S</b>	BUSINESS NAME/LESSEE		CONTACT		TELEPHONE		
	ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)	
	NATURE OF BUSINESS(OR SIC CODE)			FAX NUMBER		AGE OF BUSINESS	FED. TAX NO.
	LOCATION OF EQUIPMENT (STREET) *if different from above.		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)	

<b>O W N E R S H I P</b>	Business Structure					Indicate Proprietorship, Partnership or Corporation(C-Corp or S-Corp)					
	PRINCIPAL'S NAME			TITLE	% OWNERSHIP	HOME PHONE NO.		SOC. SEC. NO.			
	HOME ADDRESS (STREET)			(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT				
	PRINCIPAL'S NAME			TITLE	% OWNERSHIP	HOME PHONE NO.		SOC. SEC. NO.			
HOME ADDRESS (STREET)			(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT					

<b>B A N K S</b>	BANK		CONTACT			FAX		TELEPHONE		
	ACCOUNT UNDER NAME OF		CHECKING ACCT. NO.		ORIGINAL BALANCE			CURRENT BALANCE		
	BANK		CONTACT			FAX		TELEPHONE		
	ACCOUNT UNDER NAME OF		CHECKING ACCT. NO.		ORIGINAL BALANCE			CURRENT BALANCE		

<b>T R A D E S</b>	COMPANY NAME		ACCOUNT NO.		TELEPHONE NO.		CONTACT PERSON		

<b>E Q U I P M E N T</b>	VENDOR					CONTACT				
	ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	TELEPHONE				
	EQUIPMENT TO BE LEASED					FAX				
	COST OF EQUIPMENT \$		TERMS OF LEASE ( CIRCLE ) 12-24-36-48-60		MONTHLY PAYMENT			RESIDUAL (CIRCLE) \$1.00 - 10% Purchase		

I hereby authorize LEASEIT Corp. its affiliate's assigns or nominees or any credit bureau or other investigative agency employed by LEASEIT Corp. its affiliate's assigns or nominees to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility.

**X**

SIGNATURE/TITLE

DATE