CAPITAL EQUIPMENT LEASING

www.CELeasing.com Tel: 858-551-1214 FAX: 858-459-9394

BUSINESS

Lessee - Legal Name:				Telephone
Street	City	State	County	Zip Code
Email address:			Website url:	
Business Form (Corp, LLC, etc):			Business Age	Federal Tax Id Number
Business Type:			State of Incorporation	D & B Rating
Equipment Location: Street City		State	County	Zip Code

OWNERSHIP/MGMT

Principal's Name	Title	% Ownership	Guarantee (Y/N ?)	SSN
Street City	State	Zip	How Long ?	Own / Rent
Email address:			Spouse	
Principal's Name	Title	% Ownership	Guarantee (Y/N ?)	SSN
Street City:	State	Zip	How Long ?	Own / Rent
Email address:			Spouse	
Principal's Name	Title	% Ownership	Guarantee (Y/N ?)	SSN
Street City	State	Zip	How Long ?	Own / Rent
Email address:			Spouse	

BANKS

Bank & Branch	Account Number	Officer	Telephone
Bank & Branch	Account Number	Officer	Telephone
Bank & Branch	Account Number	Officer	Telephone

TRADES

Company Name	Address	Contact/Account #	Telephone

AUTHORIZATION TO OBTAIN CREDIT INFORMATION

The undersigned hereby authorizes Capital Equipment Leasing and its designee to obtain credit information, of either a personal or business nature, with respect to Lessee and any individual, listed above or not, who is an owner or officer of Lessee. This information includes, but is not limited to, payment history and credit balances for trade reference as well as balances on deposits and bank/loan references, consumer reporting agency reports, and credit information from other financial institutions and extenders of credit. A photocopy, facsimile or email copy of this authorization shall be as valid as the original.

Authorized Signature: _____ Date: _____

Printed Name _____Title:_____