



# LEASE FINANCE PARTNERS

Business Equipment & Vehicles

# BUSINESS LEASE APPLICATION

[www.leasefinancepartners.com](http://www.leasefinancepartners.com)

4825 E. Douglas, Wichita, KS 67218 • P.O. Box 20140, Wichita, KS 67208 • 316.683.6581 • 800.771.9909 • Fax 316.683.8701

### Lessee Information

Company Name \_\_\_\_\_

Physical Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Billing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Contact \_\_\_\_\_

Date Business Started \_\_\_\_\_ Mobile \_\_\_\_\_ E-mail \_\_\_\_\_

Nature of Business \_\_\_\_\_ State of Incorporation \_\_\_\_\_

Organization \_\_\_\_\_ Federal ID# \_\_\_\_\_

### Insurance Information

Agent \_\_\_\_\_ Telephone \_\_\_\_\_

Agency \_\_\_\_\_ Address \_\_\_\_\_

### Bank References

<b>Bank #1</b> _____	<b>Bank #2</b> _____
Checking <input type="checkbox"/> Loans <input type="checkbox"/> Savings <input type="checkbox"/>	Checking <input type="checkbox"/> Loans <input type="checkbox"/> Savings <input type="checkbox"/>
Business Account # _____	Business Account # _____
Contact _____ Ph. _____	Contact _____ Ph. _____

### Other Secured Creditors

Company \_\_\_\_\_ Contact \_\_\_\_\_ Ph. \_\_\_\_\_

Company \_\_\_\_\_ Contact \_\_\_\_\_ Ph. \_\_\_\_\_

### Trade References Major Suppliers

Company \_\_\_\_\_ Contact \_\_\_\_\_ Ph. \_\_\_\_\_

Company \_\_\_\_\_ Contact \_\_\_\_\_ Ph. \_\_\_\_\_

### Principals/ Owners Information

Name _____	Name _____
Title _____ SS# _____	Title _____ SS# _____
Ownership % _____ Spouse _____	Ownership % _____ Spouse _____
Home Address _____	Home Address _____
City, State, Zip _____	City, State, Zip _____
Telephone _____ Personal Bank _____	Telephone _____ Personal Bank _____

Have you ever had a judgment against you, repossession or declared bankruptcy? \_\_\_\_\_  
If yes, please explain on back or on a separate page.

### Lease Information

Description of leased vehicle/equipment \_\_\_\_\_

New/Used \_\_\_\_\_ Cost \_\_\_\_\_ Location of leased vehicle/equipment \_\_\_\_\_

Anticipated delivery \_\_\_\_\_ LFP Account Manager **David W. Urban**  
[david.urban@leaseitlfp.com](mailto:david.urban@leaseitlfp.com)

### Vendor Information

Vendor \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

I/we certify that the above information is true. I/we hereby authorize Lease Finance Partners, Inc. or its agents, to investigate the financial responsibility and credit-worthiness of the above lessee and principals, now and from time to time, as may be needed in the credit evaluation and review process. I/we will provide financial statements, tax returns, etc. as requested. If credit is granted, credit experience may be released consistent with the Fair Credit Reporting Act.

**I understand that only Lease Finance Partners, Inc., or its employees are authorized to represent the company, in connection with this lease application, and only Lease Finance Partners, Inc., or its employees have the authority to enter into the lease.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_