

Nations Equipment Leasing, Inc

www.nations-equipment-leasing.com

Bill Durham

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Palestine, TX 75801

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LESSEE Important to list legal of entity				
Company		No. of Employees		
Billing Address		City	County	State Zip
Telephone No.		Contact Person		Title
Nature of Business	Type of Business <input type="checkbox"/> Non-Profit <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		Fed. Tax ID#	Time in Business
EQUIPMENT LOCATION Complete only if equipment will not be located at lessee's address				
Address		City	County	State Zip
EQUIPMENT TO BE LEASED Attach separate list if necessary				
Name of Vendor		Address	Telephone No.	Contact Person
SYSTEM DESCRIPTION				
				Total System Price \$
PERSONAL INFORMATION ON OFFICERS, PARTNERS, GUARANTORS				
Owner/President		Address		Soc. Sec. No. (by Phone)
Officer		Address		Soc. Sec. No. (by Phone)
Officer		Address		Soc. Sec. No. (by Phone)
COMPANY BANK REFERENCES				
Name of Bank/Branch		How Long	Chkg Acct. #	Telephone No Contact Officer
Name of Bank/Branch		How Long	Chkg Acct. #	Telephone No Contact Officer
Name of Bank/Branch		How Long	Chkg Acct. #	Telephone No Contact Officer
TRADE REFERENCES (Important to establish high credit and payment history)				
Name of Supplier		City/State	Telephone No.	Contact Officer
Name of Supplier		City/State	Telephone No.	Contact Officer
DECLARATION				
<p>This application may be executed by facsimile signature(s). Delivery of this application bearing a facsimile signature(s) shall have the same force and effect as lithe application bore an inked original signature(s). By signing below, the undersigned individual, who is either a principle of the credit application or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee for potential assignee thereof) authorizing review of his/her credit from a national credit bureau. Such authorization shall extent to obtaining a credit profile in considering this application and subsequently for the purpose of update, renewal and extension of such credit and for reviewing or collecting the resultling account. A Photostat for facsimile copy of this authorization shall be valid as the original. By signature below, I/We affirm my/our identity as the respective individual(s) identified in the above application. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin sex, marital status, age (provided the applicant has the capacity to enter into a binding contract). Because all or part of the applicants income erives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. If for any reason your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial.</p>				
Applicant:		Signature:	Title:	Date:
Applicant:		Signature:	Title:	Date: