

Associated Leasing International Corp.

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CREDIT APPLICATION

Legal Name of Company _____ Type of Business _____

Address _____ Date of Incorporation _____ State _____

City _____ Federal ID No. _____

State _____ Zip _____ () Sole Prop. () LLC () Partnership () S or C Corp.

Phone _____ Fax _____ Website _____ e-mail _____

Bankruptcy _____ No _____ Yes _____ Date _____

BANK NAME (exact branch)

Account Number _____ Checking/Savings/Loan _____ Contact _____ Phone/Fax Number _____

1. # _____

2. # _____

Personal

Owner/Signator/Title _____ Name _____

Address _____

SS# _____ Birthdate _____ Phone# _____

TRADE REFERENCE Account Number _____ Phone/Fax Number _____ Contact Name _____

1. _____

2. _____

FINANCED/LEASED EQUIPMENT Account Number _____ Phone/Fax Number _____ Contact Name _____

INSURANCE AGENT (Name, address and phone #)

EQUIPMENT DESCRIPTION Estimated Payment _____ Cost (Equipment cost excluding tax) _____ Term _____

VENDOR Address _____ Contact Name _____ Phone/Fax Number _____

1. _____

2. _____

I authorize you to obtain such information as you may require concerning the statements contained in this application, and agree that the application shall remain your property, whether or not the lease is granted. I hereby certify that all statements contained in this application are true and complete and are made for the purpose of obtaining credit. I agree to notify you of any material changes in the condition of affairs, and this statement shall be construed by you to be a continuing statement of release of credit information to the Lessor/Lessor's Bank.

By : _____ Title: _____ Date: _____