



TEL 877 • 336-1950
FAX 562 • 439-2966

LESSEE COMPANY INFORMATION

Business Name / Lessee		Phone		
Address		Fax		
City	State	Zip		
Location of Equipment if Other Than Above		Email		
Corporation	Type of Business	Age of Business	No. of Employees	Federal Tax ID
Partnership	Name of Corp. Secretary	Date of Incorporation	State of Incorporation	
Proprietorship				

PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS

Principal or Officer	Spouse	Title	% Own	Social Security
Home Address	City	State	Zip Code	Home Phone
Principal or Officer	Spouse	Title	% Own	Social Security
Home Address	City	State	Zip Code	Home Phone

COMPANY BANK REFERENCES

Bank/Branch	Date Opened	Account No./Loan No.	Phone No.	Contact Officer
Bank/Branch	Date Opened	Account No./Loan No.	Phone No.	Contact Officer

TRADE REFERENCES

Trade References	Date Opened	City/State	Account No.	Phone No.	Contact
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VENDOR INFORMATION

Vendor Name	Phone No.	Fax No.
Address	City	State Zip Contact
Equipment to be Leased (New or Used)	Equipment Cost	

SIGNATURE

Date

The undersigned individual, who is either a principal of the credit applicant or a guarantor of its obligations, provides this written authorization to All in One Leasing, its nominees or assigns, authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for the purpose of update, renewal or the extension of such credit or additional credit and for reviewing and collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm our identity as the respective individuals identified in the related application.