

Leasing application provided by



(Tear off, Fill out, Fax)

970 - 926 - 8465

### Business Information

Company Legal Name / Lessee				Phone:
Company Address:				Fax:
City:	State:	County:	Zip:	Mobile Number:
Website Address:		Email Address		Federal Tax ID #:
Nature of Business:	Business Structure+ Sole Prop Corp. Partnership Non-Profit		Age of Business:	Time Under Current Ownership

### Guarantor(s) Information

PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO	SOC SEC NO
HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)
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HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)

### Business Bank References - Two Year History

Name of Bank / Branch:	Contact Person:	Phone #	Fax #
Account #:	Please indicate Account Type:		How long open?:
Name of Bank / Branch:	Contact Person:	Phone #	Fax #
Account #:	Please indicate Account Type:		How long open?:

### Trade References – Two Year History

Name of Supplier:	Account #:	Contact person:	Phone:
Name of Supplier:	Account #:	Contact person:	Phone:
Name of Supplier:	Account #:	Contact person:	Phone:
Landlord		Contact person:	Phone:

### Vendor and Equipment Information

Vendor Name: POSLeader	Vendor Contact: Todd Brokenshire	Vendor Phone: 800 – 379 – 8260	Vendor Fax: Call First
Vendor Address	City: Denver or Edwards	State: CO	Zip:
Equipment to be Leased (attach schedule if necessary) Call POSLeader or email: todd@posleader.com			Equipment Cost: POSLeader 800-379-8260

### Authorization for Credit Inquiry:

By signing below, the undersigned individual, who is either a principal of the credit applicant or a guarantor of it's obligations, provides this written instruction, it's 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.

X \_\_\_\_\_ Date: \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_