

# Equipment Lease Application



**Toll Free Fax: 866-590-2221**

Toll Free Phone: 866-590-2220

## INTERNAL USE

Date

Time

App. #

## VENDOR INFORMATION

Vendor's Name	Fish Organs	Vendor Code	Contact	George Fish	Telephone #	(619) 460-9199	Fax #	(619) 330-2292
Street	7840 El Cajon Blvd, Suite #100		City	La Mesa,	State	CA	Zip	91941

## PAYMENT PLAN

Term in Months	Factor Used	Lease Payment	<input type="checkbox"/> FMV <input type="checkbox"/> 10% Security Deposit	<input type="checkbox"/> \$1.00 Buyout <input type="checkbox"/> Other	Security Deposit
		\$ (Does not include taxes)			\$

## EQUIPMENT TO BE LEASED (Attach separate list if necessary.)

Description (Include make, model & serial #'s and any attachments)	Equipment Cost:
	\$
	\$

## LESSEE (Complete legal name of entity. If a corporation, use EXACT registered corporate name.)

Company	DBA			
Billing Address	City	County	State	Zip

Telephone # ( )	Fax # ( )	Contact Person <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Number of Years in Business (Present Ownership)
Nature of Business	Type of Business <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corp. (Registered in the State of _____) <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit Corp. (Registered in the State of _____)		

## PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS

Name	Title	% Ownership	Social Security Number
Home Address	City	State	Zip
			Home Phone Number ( )
Name	Title	% Ownership	Social Security Number
Home Address	City	State	Zip
			Home Phone Number ( )

## TRADE REFERENCES - TWO YEAR HISTORY

Name of Supplier	City / State	Telephone Number ( )	Contact Person
Name of Supplier	City / State	Telephone Number ( )	Contact Person
Name of Supplier	City / State	Telephone Number ( )	Contact Person

## COMPANY BANK REFERENCES - TWO YEAR HISTORY

Name of Bank / Branch	City / State	Chkg. Acct. #	Telephone Number ( )	Contact Officer
		Loan Acct. #		
Name of Bank / Branch	City / State	Chkg. Acct. #	Telephone Number ( )	Contact Officer
		Loan Acct. #		

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes Tri-Lease Corp™ (or Broker/Lessor), its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this Application and for the purpose of the update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_