

AMERICAN CAPITAL LEASING

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LEASE APPLICATION

COMPANY NAME (Legal Name)	DATE	Date established (under current ownership)
FULL COMPANY ADDRESS		Telephone No:
D/B/A Name:		Fax No:
TYPE OF BUSINESS (Description)		e-mail address:
PROPRIETORSHIP <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	CORPORATION <input type="checkbox"/>
		Fed Tax ID:

BANK REFERENCE	PHONE NO.	TYPE ACCOUNT	CONTACT	ACCOUNT NO.
1.				
2.				

TRADE OR FINANCE REFERENCE	PHONE NO.	CONTACT	ACCOUNT NO.
1.			
2.			

PERSONAL INFORMATION (PRINCIPALS OR GUARANTORS)

NAME	1.	2.	3.
STREET			
CITY, STATE, ZIP			
SOCIAL SECURITY #			
TITLE			
% OWNERSHIP			

EQUIPMENT AND VENDOR INFORMATION

VENDOR	ADDRESS	CITY	STATE	ZIP
vdocs - xerox VAR	13734 77 th Ave	Seminole	FL	33776
TELEPHONE#	FAX#	CONTACT		
727-501-9800	727-501-9804	online		
EQUIPMENT DESCRIPTION	NEW <input checked="" type="checkbox"/>	USED <input type="checkbox"/>	TOTAL EQUIPMENT COSTS: \$	
LEASE TERMS: #OF MONTHS 24[] 36[] 48[] 60[] PURCHASE OPTION: 10% [] FMV [] \$101.00 [x]				

CREDIT RELEASE

The undersigned individual, recognizing that his or her individual credit history maybe a factor in the evaluation of the credit of the applicant, hereby consents and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent.

X _____