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LEASEPROCESS
 EQUIPMENT LEASING & FINANCING SOLUTIONS
EQUIPMENT LEASE APPLICATION

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 Application Fax 720.898.9200

COMPANY INFORMATION

Full Legal Company Name					Equipment Quote		
Address					Amount	Term	Payment
City	County	State	Zip		Adv Pmts	Buy-Out	New/Used
Contact Person	Telephone		Fax		Equipment Description		
E-Mail Address	Nature of Business		Corp/Other	Yrs in Bus			
Location of Equipment (if different than above)					Yrs at Location	Est. Equipment Delivery Date	

PERSONAL INFORMATION FOR ALL OWNERS, OFFICERS AND GUARANTORS

Name	Title	Social Security Number		% Ownership
Home Address	City	State	Zip	Home Telephone Number
Name	Title	Social Security Number		% Ownership
Home Address	City	State	Zip	Home Telephone Number
List Other Owners	Title	Social Security Number		% Ownership

Credit Authorization: I/We hereby authorize LeaseProcess, 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 updating, renewing, extending additional credit or the collection of any late account. I/We hereby authorize our references to release all credit information and I/We represent and warrant that the information submitted herein is true, complete and accurate. A facsimile, electronic or other copy of this authorization shall be as valid as the original.

Signature(s) of all owners, officers and/or guarantors	Date
X	