



LEASE CONSULTANTS CORPORATION

BOX 71397, DES MOINES, IA. 50325

WEB SITE: WWW.LEASECONSULTANTS.COM

FAX: 515-255-0147 PHONE: 800-325-2605

LEASE APPLICATION

VENDOR INFORMATION

VENDOR: _____ LEASE TERM _____ APPROX. COST \$ _____

Please complete the reverse side of this application.

BUSINESS INFORMATION

BUS. NAME _____ FEDERAL ID# _____

ADD./CITY/ST./ZIP/COUNTY _____

CIRCLE ONE: PROPRIETORSHIP PARTNERSHIP CORPORATION LLC OTHER _____

NATURE OF BUS: _____ EMPLOYEES: FULL TIME _____ PART TIME _____

YEARS IN BUSINESS _____ YEARS UNDER CURRENT MANAGEMENT _____ PHONE # _____ FAX # _____

BANK INFORMATION

| BANK REFERENCE(S) / ACCOUNT NUMBER(S) | CONTACT | PHONE | CITY & STATE |
|---------------------------------------|---------|-------|--------------|
| | | | |
| | | | |

PRINCIPAL(S) INFORMATION

| ALL PRINCIPALS, OFFICERS & STOCKHOLDERS OVER 10% | % OF OWNERSHIP | TITLE | SOCIAL SECURITY NUMBER | DATE OF BIRTH | HOME ADDRESS STREET/CITY/STATE/ZIP |
|--|----------------|-------|------------------------|---------------|------------------------------------|
| | | | | | |
| | | | | | |
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AUTHORIZATION

I authorize release of any credit or financial information to Lease Consultants Corporation.

Date: _____

Authorized Signature: _____