

LEASING UNLIMITED OF SOUTHERN PINES, INC.

Long Term Equipment Lease Financing

- Agricultural • Commercial • Industrial • Medical • Municipal

SERVING OUR CLIENTS' NEEDS SINCE 1987

P.O. Drawer 1777 • Southern Pines, North Carolina 28388

(910) 235-0088 • TOLL FREE: 1-800-992-1611

FAX: 910-235-0919

LEASE APPLICATION Agricultural

DATE _____

NAME OF COMPANY (Lessee)

YEARS IN BUSINESS

PERSON TO CONTACT (Financial)

ADDRESS

LESSEE FED. TAX ID #

(CITY)

(STATE)

(COUNTY)

(ZIP)

(PHONE NUMBER)

OWNERS (Partnership • Corporation - Non-Public • Proprietorship • Subchapter S)

- CORPORATION - PUBLIC
- CORPORATION - NON-PUBLIC
- PARTNERSHIP
- PROPRIETORSHIP
- SUBCHAPTER S

NAME	TITLE	HOME ADDRESS	SOCIAL SECURITY NUMBER	PERCENT OWNERSHIP

DEPOSIT • LOAN • LEASING REFERENCES (Banks, Finance Companies, Leasing Companies)

NAME	BRANCH	OFFICER	PHONE NO.	ACCOUNT NO.

TRADE REFERENCES

NAME	ADDRESS	PHONE NO.	PERSON TO CONTACT

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Leasing Unlimited of Southern Pines, Inc. or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

By _____

PLEASE COMPLETE REVERSE SIDE

EQUIPMENT REQUESTED: \$ Amount _____ Term _____ Payment _____

Equipment description: _____

EQUIPMENT LOCATION		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> NOT IN LIMITS		PERSON TO CONTACT REGARDING EQUIPMENT (DEALER)
CITY	COUNTY	STATE	ZIP	PHONE ()
INSURANCE COMPANY NAME (LIABILITY & PROPERTY DAMAGE)				
STREET ADDRESS				
CITY		STATE		ZIP
AGENT'S NAME			PHONE NUMBER ()	
POLICY NUMBER				

AGRICULTURE SURVEY

HOW MANY ACRES DO YOU OWN? _____

HOW MANY ACRES DO YOU RENT? _____

HOW MANY ACRES ARE IRRIGATED? _____

HOW MANY ACRES ARE IRRIGATED? _____



WHAT CROPS DO YOU GROW?	# ACRES	YIELD PER ACRE	MARKET PRICE	MARKET DATE
CROP #1 _____	_____	_____	_____	_____
CROP #2 _____	_____	_____	_____	_____
CROP #3 _____	_____	_____	_____	_____

LIVESTOCK POULTRY SWINE OTHER

TYPE	NUMBER OF HEAD	MARKET FREQUENCY	MARKET PRICE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ARE YOU ON CONTRACT? / IF YES PLEASE ANSWER: _____

FIRM - CONTACT - PHONE NUMBER

DID YOU HAVE ANY HOLD OVER CROPS AND/OR PRE-PAID EXPENSES AT YEAR END FOR THE PAST YEARS? IF SO PLEASE LIST THE AMOUNTS FOR THE PAST FEW YEARS BELOW:
