

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

Business

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)

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

NAME _____ TITLE _____ HOME ADDRESS _____ SOCIAL SECURITY NUMBER _____ PERCENT OWNERSHIP _____

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: \$ Amount _____ Term _____ Payment _____

Equipment description: _____

EQUIPMENT LOCATION				<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> NOT IN LIMITS	PERSON TO CONTACT REGARDING EQUIPMENT
CITY	COUNTY	STATE	ZIP		PHONE ()

PERSON TO CONTACT REGARDING INVOICES				PHONE ()
NAME				SEND INVOICE TO ATTENTION OF:
INVOICING ADDRESS				DEPT.
CITY	STATE	ZIP		LESSEE REFERENCE NO. (P.O. NUMBER FOR EXAMPLE)

INSURANCE COMPANY NAME					
STREET ADDRESS					
CITY		STATE		ZIP	
AGENTS NAME				PHONE NUMBER ()	
POLICY NUMBER					

NOTE: Two Year Financial Statements (Balance Sheet, P & L, and Notes) plus most recent interim statement should be included with this application.

REMARKS: _____
