



EQUIPMENT LEASE APPLICATION

(Confidential)

Date: _____
 Number: _____

LESSEE: Legal
 Bus. Name _____
 Address _____
 City, State, Zip _____
 Own [] Rent [] Since What Year? _____
 Cellular [] _____
 Telephone [] _____ Fax [] _____
 Contact _____ County _____

VENDOR:
 Name _____
 Address _____
 City, State, Zip _____
 Telephone [] _____ Fax [] _____
 Contact _____

Equipment Location if Different:

Lessee is a (check appropriate box) Corporation [] Partnership [] Proprietorship [] Other [] State of Organization: _____

Date Bus. Started	Federal Tax I.D. No.	Nature of Business:	Have you ever been bankrupt? Yes [] No []	Insurance:
			Are State and Federal Taxes Current? Yes [] No []	Contents: Yes [] No []
				Liability: Yes [] No []

MANAGEMENT OR OWNER(S)

Name(1) _____
 Home Address _____
 City, State, Zip _____
 Title _____
 S.S.No. _____

Name(2) _____
 Home Address _____
 City, State, Zip _____
 Title _____
 S.S.No. _____

Own [] Rent [] Since What Year? _____
 Home Phone [] _____

Own [] Rent [] Since What Year? _____
 Home Phone [] _____

BUSINESS BANK REFERENCE

Bank Name _____
 Checking Acct. # _____
 Savings Acct. # _____
 Telephone [] _____

BUSINESS LANDLORD

Landlord Name _____
 Address _____
 City, State, Zip _____
 Telephone [] _____

TRADE REFERENCES:

Name(1) _____	Name(2) _____	Name(3) _____
Contact _____	Contact _____	Contact _____
Telephone [] _____	Telephone [] _____	Telephone [] _____

QUANTITY	EQUIPMENT: Description, Model, Catalog No, or Other Identification	COST:

CIRCLE DESIRED TERM (Months): 12 24 36 48 60 Other:	Total: _____ \$
Factor: _____ Mo. Payment \$ _____ Sales Tax: \$ _____ Total Pymt: \$ _____	Advance Rentals: \$ _____
	Commit Fee: \$ _____

I certify that all information hereon is correct and understand that this application is attached to and a part of my lease. NLFC may contact all references now and update my business and personal credit anytime during the term of this lease. If my payments become delinquent, NLFC can after 10 days notice increase my rate of interest up to the highest legal rate. If declined, NLFC will tell me the reason(s) when requested in writing within 60 days from the date hereof.

Sec. Deposit: \$ WAIVED
 Total: _____ \$

Lessee Signature _____