



LEASE APPLICATION		
COMPANY		
MAILING ADDRESS	CITY, ST. ZIP	
PHONE	FAX	MOBILE / PAGER
EQUIPMENT LOCATION	COUNTY	
E Mail Address:	# of years you have owned this business.	

PROPRIETORSHIP ___ PARTNERSHIP ___ CORPORATION ___ STATE ___ YEAR ___
 FEDERAL ID # _____

OWNER	S.S.#	PHONE
HOME ADDRESS, CITY, ST, ZIP <i>(Physical, not P.O. Box)</i>		
ADDITIONAL OWNER/SPOUSE	S.S.#	PHONE
HOME ADDRESS, CITY, ST, ZIP <i>(Physical, not P.O. Box)</i>		
BANK	BRANCH	PHONE
ACCT. NO.	BUSINESS _____	PERSONAL _____
BANK	BRANCH	PHONE
ACCT. NO.	BUSINESS _____	PERSONAL _____
TRADE REFERENCES	CONTACT	PHONE
1		
2		
Lienholder on Vehicle/Trailer (the equipment will be installed in):		
INSURANCE AGENT NAME	PHONE	
VENDOR	SALESPERSON	PHONE
ADDRESS, CITY, ST, ZIP		
TYPE OF EQUIPMENT	COST \$	
PURCHASE OPTION	10% or \$1	TERM OF LEASE: 24mos 36mos 48mos 60mos

PROVIDE COMPLETE & ACCURATE INFORMATION TO AVOID DELAYS IN PROCESSING
PLEASE CONSIDER THIS DOCUMENT OR A FAX THEREOF AUTHORIZATION TO FURNISH A COMPLETE HISTORY
OF ALL ACCOUNTS, LOANS, TRANSACTIONS, TRADE INFORMATION, BALANCES OR OTHER FINANCIAL
INFORMATION RELATIVE TO ANY ACCOUNT WE MAY HAVE WITH YOU. I/WE RELEASE INTERLINK FINANCIAL
SERVICES OR ITS ASSIGNS FROM ANY LIABILITY ARISING FROM ITS CREDIT INVESTIGATION.

SIGNED BY: X	DATE
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SIGNED BY: X	DATE
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