



a business unit of Bankers Leasing Association
a division of EAB Leasing Corp.

PHONE	FAX
1-800-487-3636	1-800-488-6262
OR	OR
1-770-951-9427	1-770-951-0207

LEASE APPLICATION P617

2400 Herodian Way, Suite 380, Smyrna, Georgia 30080

CUSTOMER INFORMATION (PLEASE PRINT)

Legal Name of Customer Company					
Billing Address			City	State	Zip Code
Telephone No. ()	Fax No. ()	Alternate No. ()	Email Address		
Contact Name			Title		
Description of business			Corp <input type="checkbox"/>	Partner <input type="checkbox"/>	LLC <input type="checkbox"/>
			Prop <input type="checkbox"/>	Years in business (with above name)	
Equipment Location (if different from above)				Federal Tax ID No.	

PERSONAL INFORMATION (OFFICERS, PARTNERS OR OWNER)

Name	Home Address	City	State	Zip Code	Social Security No.
1					
2					
Additional Information					

COMPANY CHECKING ACCOUNT(S)

Bank Name	Account No.	Telephone No.	Contact
1		()	
2		()	

CREDIT REFERENCE(S)

Creditor Name	Account No.	Telephone No.	Contact
1		()	
2		()	

I / We hereby authorize the release of any credit or financial information necessary to process this lease application.

Signed: X

Date:

TO BE COMPLETED BY VENDOR

Business Name		Warehouse Name		Rate Factor
Telephone No. ()	Fax No. ()	Alternate No. ()	Email Address	
Address			Contact (if questions)	
City	State	Zip Code	Salesperson (if different than contact)	

EQUIPMENT INFORMATION (CONTINUE ON AN ADDITIONAL SHEET IF NECESSARY)

WITHOUT TAX

Item Description	Qty	Part No.	Extended Price

LEASE PROMOTION		LEASE TERM REQUESTED		TOTAL AMOUNT TO FINANCE (NO TAX)	
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