

# LEASE APPLICATION



Telephone: 800-643-0086, ext. 2934  
Facsimile: 870-268-2933

## LESSEE INFORMATION:

Company Name (exact legal name of entity): \_\_\_\_\_  
D/B/A: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
County/Parish: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Equipment Location (if different from above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
County/Parish: \_\_\_\_\_  
Legal Form of Company:  Proprietorship  Partnership  Corporation  LLC  
If Corporation or LLC, state of incorporation: \_\_\_\_\_  
Federal Tax ID Number: \_\_\_\_\_  
Business Start Date: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

## PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTORS:

Individual Name(s): \_\_\_\_\_  
Title: \_\_\_\_\_  
% Ownership: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_

## COMPANY BANK REFERENCE:

Bank/Branch Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Checking Acct. No.: \_\_\_\_\_ Telephone: \_\_\_\_\_

## VENDOR INFORMATION:

Equipment Vendor: \_\_\_\_\_ Contact Person: \_\_\_\_\_

### **THIS APPLICATION DOES NOT OBLIGATE LESSOR TO ENTER INTO THE LEASE.**

The undersigned represents that all information provided with this application is true and correct and hereby authorizes Leasing Company to obtain from third parties information it deems necessary to arrive at a decision regarding this Application. By signing below, the undersigned individual(s) as principal and/or guarantor for the applicant, authorizes JK Capital, Inc., its designee, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this application and for the purpose of update, renewal, or extension of credit to the applicant or the collection of any resultant accounts. I authorize all deposit, borrowing, financial and trade information to be released to JK Capital, Inc., its designee, assigns or potential assigns by telephone or fax. A photocopy or fax of this authorization shall be valid as the original.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_