Lease Credit Application

Vendor:	Tel:			Rep:			
LESSEE:		(Contact:				
DBA:							
	:Tel: ress:Fax						
ity, St, ZipFederal Tax ID:							
St of Inc.:							
Location of Equipment - Street:							
						: Zip:	
C-Corp ☐ S-Corp ☐ Prop ☐ Partnership ☐ Ltd Partnership ☐ LLC ☐ PERSONAL INFO ON OFFICERS, PARTNERS AND GUARANTORS							
Officer 1:					Owner %		
SSN:							
Home Address:							
Officer 2:							
SSN:							
Home Address:		City:		St:	Zip:		
Officer 2:							
SSN:							
Home Address:		RIOR LEASE RE	EFERENCES	5ι	Zip:		
Bank 1: Since:							
Contact:				Fax:			
Bank 1:			Since:				
Contact:	Phone:						
1 4	A/C #						
Lease 2:	A/C #						
TRADE REFERENCES (No "COD" "counts please)							
Trade 1:		ontact:	D counts please)		T-1.		
Trade 1:	C				Tel:		
			Tel:				
	Tel:						
	andlord/Mortgage Holder: Contact:						
Tel:							
	EQU	JIPMENT DETAI	LS				
Cost: \$	(Do not in			ach a cop	y of the equipme	ent schedule	
	erm Requested: 5 years 4			•			
		. ,	— - , —			nsactions >\$100,000.00	
I certify the information provided herein is correct, that I am empowered to authorize Trane Leasing Services and/or assigns to make whatever inquiries about us deemed necessary to evaluate our credit application, including contacting banks, trade references and reporting agencies, and that individuals herein named are aware of this request. Should application be declined, I understand that I am entitled to receive written confirmation of the reason why within 30 days of the receipt of my written request of same.							
Owner:					Date:		
Owner:							