



Leasing Systems, Inc. 901 8th Avenue S., Nashville, TN 37203
 Office: 615-242-3461 Fax: 615-242-3463 Email: LeasingSystems@comcast.net
CREDIT APPLICATION

LESSEE – Full Legal Name _____ Phone _____
 Address _____ Contact _____
 City _____ State _____ Zip _____
 Type of Business _____ Years In Business _____ Corp ____ Prop ____ Ptshp ____
 If Proprietor or Partnership, Please Provide SS# _____ Date of Birth _____
 If Corporation, Please Provide Tax ID# _____ Other Leases With LSI? Yes ____ No ____
 1st Officer Name _____ Title _____
 Address _____ City _____ State _____ Zip _____
 Phone# _____ Email _____
 2nd Officer Name _____ Title _____
 Address _____ City _____ State _____ Zip _____
 Phone# _____ Email _____ SS# _____
 If Additional Officers, please note the same information for each on the back of the credit application.

 EQUIPMENT Vendor _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 Equipment Description _____
 Location If Different Than Above _____
 Total Price Without Tax _____ Lease Terms (Months) _____
 Monthly Payments _____ Number Advanced Rents _____

(Bank Account Should Be At Least 2 Years Old. If Less, Supply Previous Bank References)

BANK _____ Type Account _____ Date Opened _____
 Contact _____ Phone# _____ Phone# _____
 BANK _____ Type Account _____ Date Opened _____
 Contact _____ Phone# _____ Phone# _____
 Other Banking References _____

TRADE REFERENCES

Name _____ Contact _____ Phone _____
 Name _____ Contact _____ Phone _____
 Name _____ Contact _____ Phone _____

FINANCIAL STATEMENTS AND TAX RETURNS

Are required on all Transactions. Are Attached ____ Will Be Sent ____ Not Available ____ Date Available _____

THE UNDERSIGNED AUTHORIZES LEASING SYSTEMS, INC. AND ITS ASSIGNEES THE RIGHT TO OBTAIN SUCH INFORMATION AS IT MAY REQUIRE TO VERIFY THE INFORMATION PROVIDED IN THE APPLICATION. WE AUTHORIZE CREDITORS TO OBTAIN OUR CREDIT BUREAU INFORMATION AS PART OF THIS APPLICATION.

 SIGNATURE Date _____

 PRINT NAME AND TITLE OF SIGNER