

Leasing Systems, Inc. 168 North Water Ave – Gallatin, TN 37066 Office: 615-242-3461 Fax: 615-242-3463 Email: LeasingSystems@comcast.net **CREDIT APPLICATION**

LESSEE – Full Legal Name	Phone			
	Contact			
City				
Type of Business				
If Proprietor or Partnership, Please Provide SS#		Date of Birth		
	Other Leases With LSI? Yes No			
1 st Officer Name	Title			
Address				
Phone#Email	SS#	Da	te of Birth	
2 nd Officer Name	Title			
Address				
Phone#Email	SS#	Da	ate of Birth	I
If Additional Officers, please note the same informa				
EQUIPMENT Vendor				
Address				
Equipment Description				
Location If Different Than Above				
Total Price Without Tax	Lease Terms (Months)			
	Number Advanced Rents			
	st 2 Years Old. If Less, Supply Prev			
BANK				
Contact				
BANK				
Contact				
Other Banking References				
TRADE REFERENCES				
Name	Contact	Phone		
Name				
Name				
FINANCIAL STATEMENTS AND TAX RETURNS				
Are required on all Transactions. Are Attached	Will Be Sent Not Availa	ble Date A	vailable	
THE UNDERSIGNED AURHORIZES LEASING SYSTEMS				
MAY REQUIRE TO VERIFY THE INFORMATION PROVI				
CREDIT BUREAU INFORMATION AS PART OF THIS AF				
	Date			
SIGNATURE				

PRINT NAME AND TITLE OF SIGNER