



CREDIT APPLICATION

www.EquipLinkLLC.com

Please email your completed application to info@equiplinkllc.com.

LESSEE – Full Legal Name _____ Phone _____

Address _____ Contact _____

City _____ State _____ Zip _____

Type of Business _____ Years in Business _____ Corp _____ Prop _____ Ptshp _____

If Corporation, Please Provide Tax ID# _____ Other Leases With LSI? Yes _____ No _____

1st Officer Name _____ Title _____

Address _____ City _____ State _____ Zip _____

Phone# _____ Email _____ SS# _____

2nd Officer Name _____ Title _____

Address _____ City _____ State _____ Zip _____

Phone# _____ Email _____ SS# _____

3rd 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 From 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 Bank 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 IT'S ASSIGNEES THE RIGHT TO OBTAIN SUCH INFORMATION AS IT MAY REQUIRE TO VERIFY THE INFORMATION PROVIDED IN THE APPLICATION.

SIGNATURE Date _____

PRINT NAME AND TITLE OF SIGNER