

Dealer Information

Dealer ID # \_\_\_\_\_

Dealer Name \_\_\_\_\_

Phone Number \_\_\_\_\_



Email Form To Dan

Secure Supplies

Whatsapp+66 83 6473 443  
www.scuresupplyusa.biz

Danieldonatelli@gmail.com

LEASING APPLICATION

COMPANY

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Exact Legal Name, Fed. ID No., DBA, Phone, Fax, Street Address, # of employees, City, State, Zip, County/use tax rate, Bus. Description, Years in Business, Bus. Structure, Contact, Phone, Fax, Email

PRINCIPALS

Owner/President, Title, Soc. Sec. No., Home Address, City, State, Zip, Home Phone, Date of Birth, % Ownership, Co-Owner/Officer, Title, Soc. Sec. No., Home Address, City, State, Zip, Home Phone, Date of Birth, % Ownership

(If additional owner's, please attach an separate sheet)

BANK REFERENCES (Or attach copy of last 3 months bank statements)

Bank Name, Phone, Fax, Checking Acct. Number, Loan Acct. Number, Officer, Bank Name, Phone, Fax, Checking Acct. Number, Loan Acct. Number, Officer

TRADE ACCOUNTS (Net-30 Accounts or Comparable Debt)

Name, Phone, Contact, Name, Phone, Contact, Name, Phone, Contact

Install location (if other than lessee's above address)

MOUNT REQUESTED \$ (Price to include installation, labor, third-party products, training, etc.) week one) 24 36 48 60 Months \$1.00 Buyout Option

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes Community Leasing Associates, its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of the update, renewal or extension of credit to the applicant or the collection of any resultant accounts. Permission is hereby granted to correspond with us via facsimile. A fax or photocopy of this authorization shall be valid as the original.

Signature, Print Name, Date, Signature, Print Name, Date