

Lease Application

Fax the Signed Application and Lease Quotation and/or Sales Proposal to 303-948-2242

			RMATION			
Lessee's Full Legal Name		- Pare	ent Company (If A	pplicable)	DUNS Number (If Applicable)	Federal Tax ID Number
Office Location Street Address	City			County	· · · · ·	State Zip
Equipment Location Street Address	City			County		State Zip
Contact Name	Title	Email Addre	ess	_	Phone Number	FAX Number
WWW. Company Website	State of I Has the Company or any Are there any outstanding Are there any outstanding	g lawsuits?	red bankruptcy?	No Yes	Check LLC	er Current Ownership Non-Profit Mur ation Paramittan bis
Type of Business	PERSONAL INFOR	•	s, Members or 0		C Corpora	ation Proprietorship
Guarantor 1: Name	Title	Social	Security Number	<u> </u>	Percent Ownership	Home Phone
Home Street Address	City				State	Zip
Guarantor 1: Signature		Date				
Guarantor 2: Name	Title	Social	Security Number		Percent Ownership	Home Phone
Home Street Address	City		F	OR ADDITIO	State NAL GUARANTORS COPY	Zip THIS APPLICATION , COMPLETE T
Guarantor 2: Signature		Date	<u>'</u>			D SUBMIT AT THE SAME TIME
To expedite processing we r	require the last three months	of bank statements	s for the Applic	ant. Please	- 4 1 14 4	
	Account Numb	ner and Type	Contact Of			his application. Phone Number
Pank Name and Branch		••		ficer		Phone Number
Bank Name and Branch	Account Numb	••	Contact O	ficer		
Bank Name and Branch	Account Numb	per and Type	Contact O	ficer		Phone Number
	Account Numb	per and Type	Contact O	ficer		Phone Number
Company Name	Account Numb TRA City / State City / State	per and Type DE OR FINANCE R	Contact P Contact P	fficer		Phone Number Phone Number
Bank Name and Branch Company Name Company Name	Account Numb TRA City / State City / State	per and Type	Contact P Contact P	fficer		Phone Number Phone Number Phone Number
Company Name	Account Numb TRA City / State City / State	per and Type DE OR FINANCE R	Contact P Contact P	fficer		Phone Number Phone Number Phone Number
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Company Name	Account Numb TRA City / State City / State EQUIP	per and Type DE OR FINANCE R PMENT SUPPLIER I	Contact O EFERENCES Contact P Contact P	fficer fficer erson erson Office Phone		Phone Number Phone Number Phone Number Phone Number
Company Name Company Name Equipment Supplier Business Name Contact Pers	Account Numb TRA City / State City / State EQUIP TRA TRA Vear Mode	DE OR FINANCE R PMENT SUPPLIER I Mobile Phone RANSACTION INFO	Contact O EFERENCES Contact P Contact P INFORMATION RMATION. Descrip	fficer fficer erson erson Office Phone		Phone Number Phone Number Phone Number Phone Number Email Address
Company Name Equipment Supplier Business Name Contact Pers Quantity Manufacturer	Account Numb TRA City / State City / State EQUIP On TR Year Mode Account Numb TRA Note: Year Mode Tre Tre Tre Tre Tre Tre Tre T	Mobile Phone RANSACTION INFO Other CREDIT RELEA is any information need by electronic mail an	Contact O EFERENCES Contact P Contact P INFORMATION RMATION. Descript ASE It Everest Financialeded to determine	erson Office Phone	New Used LC or its assigns or design	Phone Number Phone Number Phone Number Phone Number Email Address Equipment Cost Excluding Taxet t ees will check credit records and ar C and its assigns or designees wan

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission Equal Credit Opportunity, Washington, D.C. 20580.

If your application for business credit is denied, you have the right to a written statement of the specific reason for the denial. To obtain the statement, please contact Lessor set forth above within 60 days from the date you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of receiving your request for the statement.