## Associated Leasing International Corp. Highway Suite 300 Phone: 561-338-3371

1600 South Dixie Highway Suite 300 Boca Raton, Florida 33432

Website: www.associatedleasing.net

Fax: 561-338-5517

## **CREDIT APPLICATION**

Account Number Checking/Savings.Loan Contact Phone/Fax Number  1. # 2. # Personal Owner/Signator/Title Name Address SS# Birthdate Phone#  TRADE REFERENCE Account Number Phone/Fax Number Contact Name  1. 2. FINANCED/LEASED EQUIPMENT Account Number Phone/Fax Number Contact Name  INSURANCE AGENT (Name, address and phone #)  EQUIPMENT DESCRIPTION Estimated Payment Cost (Equipment cost excluding tax) Term  VENDOR Address Contact Name Phone/Fax Number  1. 2.  I authorize you to obtain such information as you may require concerning the statements contained in this application, an agree that the application shall remain your property, whether or not the lease is granted. I hereby certify that all statements contained in this application are true and complete and are made for the purpose of obtaining credit. I agree to notify you of any material changes in the condition of affairs, and this statements shall be construed by you to be a continuing statement of release of credit information to the Lessor/Lessor's Bank.	Legal Name of Company		Type of Business	
State Zip (Sole Prop. ()LLC () Partnership ()S or C Corp. Website e-mail Bankruptcy No Yes Date BANK NAME (exact branch)  Account Number Checking/Savings, Loan Contact Phone/Fax Number 1. # Personal Owner/Signator/Title Name Address SS# Birthdate Phone#  TRADE REFERENCE Account Number Phone/Fax Number Contact Name 1. 2.  FINANCED/LEASED EQUIPMENT Account Number Phone/Fax Number Contact Name  INSURANCE AGENT (Name, address and phone #)  EQUIPMENT DESCRIPTION Estimated Payment Cost (Equipment cost excluding tax) Term  VENDOR Address Contact Name Phone/Fax Number Contact Name  1. 2.  I authorize you to obtain such information as you may require concerning the statements contained in this application, an agree that the application shall remain your property, whether or not the lease is granted. I hereby certify that all statements contained in this application, an agree that the application shall remain your property, whether or not the lease is granted. I hereby certify that all statements contained in this application, an agree that the application shall remain your property, whether or not the lease is granted. I hereby certify that all statements contained in this application, an agree that the application are true and complete and are made for the purpose of obtaining credit. I agree to notify you of any material changes in the condition of affairs, and this statement shall be construed by you to be a continuing statement of release of credit information to the Lessor/Lessor's Bank.	Address		Date of Incorporation	State
PRONE FAX WEESTE E-mail BANK NAME  Cexact branch)  Account Number Checking/Savings,Loan Contact Phone/Fax Number  1. # 2. #  Personal Owner/Signator/Title Name Address SS# Birthdate Phone#  TRADE REFERENCE Account Number Phone/Fax Number Contact Name  1. 2.  FINANCED/LEASED EQUIPMENT Account Number Phone/Fax Number Contact Name  INSURANCE AGENT (Name, address and phone #)  EQUIPMENT DESCRIPTION Estimated Payment Cost (Equipment cost excluding tax) Term  VENDOR Address Contact Name Phone/Fax Number  1. 2.  I authorize you to obtain such information as you may require concerning the statements contained in this application, an agree that the application shall remain your property, whether or not the lease is granted. I hereby certify that all statements contained in this application, an agree that the application shall remain your property, whether or not the lease is granted. I hereby certify that all statements contained in this application are rue and complete and are made for the purpose of obtaining credit. I agree to notify you of any material changes in the condition of affairs, and this statement shall be construed by you to be a continuing statement of release of credit information to the Lessor/Lessor's Bank.	City		Federal ID No	( ) 5
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