

Debbie Bennett
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EQUIPMENT DEALER

DEALER NAME	
CONTACT	PHONE NUMBER
EQUIPMENT TYPE	
EQUIPMENT COST	

LEASE TERM IN MONTHS				
<input type="checkbox"/> 13	<input type="checkbox"/> 24	<input type="checkbox"/> 36	<input type="checkbox"/> 48	<input type="checkbox"/> 60

BUSINESS STRUCTURE

<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LIMITED LIABILITY CO	STATE OF INC.	YEARS IN BUSINESS
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LESSEE INFORMATION

LESSEE (EXACT LEGAL NAME & DBA)			WEBSITE ADDRESS		
STREET ADDRESS				CITY	
STATE	ZIP CODE	PHONE NUMBER	EMAIL ADDRESS		
NATURE OF BUSINESS		YRS UNDER CURRENT OWNER	FEDERAL TAX I.D. NO (IF APPLICABLE)		

OWNERSHIP

PRINCIPAL #1 NAME		TITLE	% OF OWNERSHIP	
SOCIAL SECURITY NO.	PHONE NUMBER	EMAIL ADDRESS		
STREET ADDRESS		CITY	STATE	ZIP CODE

I understand this equipment application may be approved based upon my business and personal credit. I authorize FirstLease, Inc., or its assignees, to check references, bank accounts, and credit information.

X

Authorized signature

PRINCIPAL #2 NAME		TITLE	% OF OWNERSHIP	
SOCIAL SECURITY NO.	PHONE NUMBER	EMAIL ADDRESS		
STREET ADDRESS		CITY	STATE	ZIP CODE

I understand this equipment application may be approved based upon my business and personal credit. I authorize FirstLease, Inc., or its assignees, to check references, bank accounts, and credit information.

X

Authorized signature

Please email completed application to: dbennett@firstleaseonline.com

Or send by fax to: (215) 283-9870