

Fax Form To: 562-449-0038 Attn: National Lease Solutions or Email contact@nationalleasesolutions.com

Company Full Legal Name	DBA		
Company Address	City, State, Zip		
Location of Equipment (if different from above)	Company Start Date & Company Phone		
Equipment Cost & Description	Direct Cell	Fax	
Desired Term: 24 36 48 60 months Monthly Payment Budget: _____	Corp. / LLC / Sole Prop. / Partnership Tax ID:	Email Address: _____ Referred By: NLS / KOSW / OTHER (Please Circle One)	

PERSONAL INFORMATION ON ALL OWNERS, OFFICERS & PARTNERS

Name	Title	SSN	Ownership %
Home Address		City, State, Zip	
Name	Title	SSN	Ownership %
Home Address		City, State, Zip	

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lessor or its assignee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.

Customer Signature: _____ **Date:** ____ / ____ / ____