



COMMERCIAL LOAN APPLICATION

Submit Applications to:	Phone:	Fax:	Email
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LESSEE Important to set out full legal name of Lessee	Fed. Tax ID #	CO State ID #
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Company Name: & w/ DBA

Billing Address

City	County	State	Zip
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Telephone No.	Contact Person	Title	Fax No.
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No. of Years in Business Under Current Ownership	Nature of Business
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Type of Business	Proprietorship	Partnership	Corporation
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EQUIPMENT LOCATION Complete only if equipment will not be located at Lessee's billing address

Address	City	County	State	Zip
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PERSONAL INFORMATION ON MAJORITY STOCKHOLDERS/OWNERS

Name	Title	% Ownership:	Social Security No.
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Home Address	City	State	Zip	Home Phone No.
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Name	Title	% Ownership:	Social Security No.
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Home Address	City	State	Zip	Home Phone No.
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COMPANY BANK REFERENCES - MUST HAVE TWO YEAR HISTORY (Important to establish any loan history)

Name of Bank/Branch	How Long?	Checking Acct. #	Telephone No.	Contact Officer
		Loan Acct. #		

Previous Bank (If account is less than 2 yrs. old)	How Long?	Checking Acct. #	Telephone No.	Contact Officer
		Loan Acct. #		

TRADE REFERENCES AND OTHER LEASES - TWO YEAR HISTORY (Important to establish high credit and payment history)

Name of Supplier	City/State/Zip	Telephone No.	Contact Person
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Name of Supplier	City/State/Zip	Telephone No.	Contact Person
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Name of Supplier	City/State/Zip	Telephone No.	Contact Person
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EQUIPMENT TO BE LEASED Attach separate list if necessary

Quantity	Description	New	Used
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VENDOR INFORMATION

Vendor Name	Equipment Cost \$
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Vendor Address	Telephone No.	Fax No.
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LEASE TERM	12 Months	24 Months	48 Months	60 Months
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By signing below, each undersigned individual(s), who is either a principal of the credit applicant listed below or a personal guarantor of its obligations, provides written instruction to LeaderGroup or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account.

I authorize all deposit, borrowing, and trade information to be released to the Lessor. I represent all information is true, correct and complete. A photocopy or facsimile copy of this authorization shall be as valid as the original.

Name (please print)	Signature	Title	Date
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Name (please print)	Signature	Title	Date
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