



Equipment Lease Application

FAX completed application to (484) 881-4065 or call Lisa Jasiukiewicz at (484) 881-4841.

Customer Information			
Business Legal Name		Sales Tax Exempt - If "Yes," exemption certificate must be attached. <input type="checkbox"/> Yes <input type="checkbox"/> No	
DBA Name (if any)		Federal Tax ID	
Street Address		Mailing Address / PO Box	
City, State, Zip Code		Contact Name & Title	
Phone	Fax	Business Start Date	Business Incorporated Date
Cell	Email	Business Description	
<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Partnership	
<input type="checkbox"/> Corporation		<input type="checkbox"/> Limited Liability Company (LLC)	
Business Checking Account #		Account #	
Business Loan Type(s), Account #(s)		Business Loan Type(s), Account #(s)	
Other Banking Information:			
Bank Name	Contact Name	Phone	Account #
Principal Information			
	(1)	(2)	(3)
Principal Name(s) and Title(s)			
Home Address			
City / State / Zip Code			
% of Ownership			
Social Security Number			
Signature of Principals			
Credit Release			
Each individual signing as principal certifies that the information provided in this application is accurate and complete. Each individual signing as principal authorizes lender or any lending sources to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line, taking collection action on the account and for any other legitimate purpose associated with the account as needed. Each individual signing as principal further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of the continuing consent.			
Equipment Vendor / Manufacturer Information			
Vendor Name		Address	
		City, State, Zip	
Contact Person		Phone Number	
		<input type="checkbox"/> New <input type="checkbox"/> Used	
Equipment Description		Equipment Location (if different than vendor location)	
Desired Monthly Payment		Total Invoice Amount without Tax	
Desired Term <input type="checkbox"/> 12 mos. <input type="checkbox"/> 24 mos. <input type="checkbox"/> 36 mos. <input type="checkbox"/> 48 mos. <input type="checkbox"/> 60 mos.		End of Lease Option <input type="checkbox"/> FMV <input type="checkbox"/> \$1.00 <input type="checkbox"/> 10% Option <input type="checkbox"/> 10% PUT	
ECOA Notice (to be retained by all applicant[s])			
Thank you for your business credit application. We will review it carefully and get back to you promptly. If your application for business credit is denied, you have the right to a written statement of the specific reasons for that denial. To obtain that statement, please contact us within 60 days from the date that you were notified of our decision: 1550 American Blvd East, Suite 450, Bloomington, MN 55425. We will send you a written statement of the reasons for the denial within 30 days of your request for the statement. NOTICE: 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 Credit Protection Act. The federal agency that administers our compliance with this law is the OCC, Customer Assistance Group, 1301 McKinney St., Ste. 3710, Houston, TX, 77010.			

For bank use only

Officer Name	Branch Name	Phone #
Officer #	Branch #	Fax #