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STANTON LEASING

159 W. 5th Avenue

Escondido, CA 92025 Phone: 760-738-1900 Fax: 760-738-1910

Making a good deal better!

LEASE APPLICATION

DATE:

Business Name/Lessee:								Phone Number:					
Address:				Fax:									
City:					State: Zip:			D&B:					
Location of Equipment if other than above, times in business at each additional Location.													
CODD. Two of During and Accord													
CORP:	Type of Business:				Age of Business			No. Of Employees			Fed	Federal Tax ID#	
PARTN:	Name of Corp. Secretary				Install Date			Date of Incorporation			State of Incorporation		
TAKIIV.	Traine of Corp. Secretary				Instan Date			Date of meorporation			Sta	State of incorporation	
PROPR.	OPR. Comments:												
Principal or Officer					Title				%Own		So	Social Security #	
Home Address				City					State	Zip Cod	e H	ome Phone#	
Principal or Officer					Title			%Own			ocial Security #		
Home Address					City			State	Zip Code Home Phone#		ome Phone#		
Home Address					City			State	Zip cou	- 11			
Bank/Branch Date Opened				Account No				Phone #			Contact Officer		
			•										
Bank/Branch			Date Opened		Account No			Phone #				Contact Officer	
Trade References Da		Date	te Opened 1		High Credit A		Account #		Phone #			Contact	
Land Lord Information \$/ Month T				Term	èrm								
Name Phone#					 	Fax#							
I Holler													
Address				Ci	ity			St	State Zip			Contact	
Equipment to be leased			New	ew Used (condition report			quired.	red.) Equipment Cos		ent Cost		•	
Poto Footor			Т					A dyon on Derver			Total Cost		
Rate Factor			Term				Advanc	nce Payments			Total Cost		
Signature:				Date:									