

Strategic Equipment Finance, LLC.

44 S.E. First Ave. Suite 312, Ocala, FL. 34471

Toll Free: 877-846-26233 Fax: 352-861-5600

Lease Application

LESSEE: List legal name of entity

Company _____ DBA: _____

Billing Address	City	County	State	Zip
Telephone No.	Contact Person	Federal ID. #		
Nature of Business	Type of Business Corp. _____ LLC _____ Proprietorship _____ Solo Proprietor _____	No. of Years in Business		

EQUIPMENT TO BE LEASED: Attached separate list if necessary

	Equipment Cost:
	Sales Tax (if applicable)
	Total
	Lease Term

EQUIPMENT LOCATION: Complete only if equipment will not be located at lessees address

Address	City	County	State	Zip
Vendor Name				
Vendor Address				
Contact Person	Telephone No.			

PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTORS

Name	Title	Social Security No.	Driver's License No.
Home Address			Home Phone No.
Name	Title	Social Security No.	Driver's License No.
Home Address			Home Phone No.

COMPANY AND BANK REFERENCE - TWO YEAR HISTORY (Needed to establish loan history)

Name of Bank/Branch	How Long?	Account No.	Telephone No.	Contact Person
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CREDIT REFERENCES - TWO YEAR HISTORY (Installment Debt., and Trade Reference) (Needed to establish high credit and payment history)

Name of Creditor	City, State	Account Number	Telephone No.	Contact Person
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The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent. I/We will also provide financial statements, tax returns, etc. as you deem necessary. I/we agree that the Advance Payment is not refundable unless application is rejected by Lessor.

LESSOR does not represent guarantees, warranties, or maintenance on any equipment as stated in body of lease

FOR IMMEDIATE PROCESSING, PLEASE FAX APPLICATION TO (352) 861-5600

Name _____ Title _____ Date _____

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