



**LEASE CONSULTANTS CORPORATION**  
 BOX 71397, DES MOINES, IA 50325  
 FAX: 515-255-0147 PHONE: 800-325-2605



## Lease Application

Fax Application to: (515) 255-0147

Date: \_\_\_\_\_

### PROGRAM INFORMATION

**Sales Representative:** \_\_\_\_\_ **Distributor Name:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Amount:** \$ \_\_\_\_\_ **Equipment Description:** \_\_\_\_\_

(Description cont.) \_\_\_\_\_

**BestBuy Term:** \_\_\_\_\_  **Baker's Dozen**  **\*6 Months Deferred Billing**  **Other:** \_\_\_\_\_

### BUSINESS INFORMATION

**Business Name:** \_\_\_\_\_ **Federal ID#:** \_\_\_\_\_

**Address/City/State/Zip/County:** \_\_\_\_\_

**Select One:**  **Proprietorship**  **Partnership**  **Corporation**  **LLC**  **Other:** \_\_\_\_\_

**Nature of Business:** \_\_\_\_\_ **# Employees:** Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

**Years in Business:** \_\_\_\_\_ **Years under Current Mgmt.:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

### BANK INFORMATION

Bank Reference(s) / Account Number(s)	Contact (First & Last)	Phone Number	City & State

### PRINCIPAL(S) INFORMATION

All Principals, Officers & Stockholders over 10%	% of Ownership	Title	Social Security Number	Date of Birth	Home Address Street/City/State/Zip

### AUTHORIZATION

I authorize release of any credit or financial information to Lease Consultants Corporation.

**Date:** \_\_\_\_\_ **Authorized Signature:** \_\_\_\_\_ **Email:** \_\_\_\_\_

\*Must be in business under current ownership for minimum 3-yrs.