



# Lease Application

201 West Passaic Street  
Rochelle Park, NJ 07662

PLEASE FAX COMPLETED APPLICATION TO: 410.849.2186

<b>LESSEE (Complete legal name of entity. If a corporation, use EXACT registered corporate name.)</b>				
Company		DBA	Fed ID#	
Billing Address		Street Address (if other than Billing Address; No. PO Boxes)		
Nature of Business		Contact Person <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.		Title
Telephone #	Type of Business: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Limited Liability Company		No. of yrs. in Business	Dun & Bradstreet #
E-Mail #	<input type="checkbox"/> Corp. <input type="checkbox"/> Non-Profit Corp.			
Fax #	<input type="checkbox"/> Partnership			
<b>PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTOR FOR PROPRIETORSHIP REQUIRED (Attached separate sheet if necessary)</b>				
Name		Title	% Ownership	Social Security No.
Home Address (Physical Address No PO Boxes)		City	State	Zip
Home Phone No.				
Signature:		Date:		
Name		Title	% Ownership	Social Security No.
Home Address (Physical Address No PO Boxes)		City	State	Zip
Home Phone No.				
Signature:		Date:		
<b>VENDOR/DEALER INFORMATION</b>				
Vendor's Name		Contact/Sales Rep.	Telephone #	
Address			Fax #	
City			State	Zip
			E-Mail #	
<b>EQUIPMENT TO BE LEASED and EQUIPMENT LOCATION (Attach separate list if necessary.)</b>				
Description (include make, model & serial #'s, feature #'s. List any soft costs such as: maintenance, operating software, implementation costs, etc.)			Total Amount Requested w/o tax	
			_____	
			<input type="checkbox"/> New <input type="checkbox"/> Used	
			TERM (# Months) :	
<b>TRADE REFERENCES - TWO YEAR HISTORY</b>				
Name Of Supplier		City/State	Telephone No.	Contact Person
Name Of Supplier		City/State	Telephone No.	Contact Person
<b>COMPANY BANK REFERENCES - TWO YEAR HISTORY</b>				
Name of Bank/Branch		City/State	Chkg. Acct. #	Telephone No.
			Loan Acct. #	Contact Officer
Name of Bank/Branch		City/State	Chkg. Acct. #	Telephone No.
			Loan Acct. #	Contact Officer
<b>ACKNOWLEDGEMENT AND AUTHORIZATION</b>				

By providing the above information, I/We authorize eCap Leasing and each of its affiliates and agents (collectively the "Authorized Parties") to investigate my/our financial responsibility and creditworthiness including authorizing each of the Authorized Parties to obtain my/our credit reports. I/We authorize each of the Authorized Parties to update my/our credit profile from time to time in the future as any of them deems appropriate. I/We authorized my/our bank(s) and/or trade creditors to release information to any of the Authorized Parties concerning my/our accounts with them. I/We agree that each of the Authorized Parties may share information about me/us and my/our accounts unless I/We give prior written notice prohibiting such sharing of information to eCap Leasing.