



Helping Businesses Grow Since 1985

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Equipment Credit Application

COMPANY INFORMATION

LEGAL COMPANY NAME:				PHONE:		CONTACT PERSON:		
WEBSITE ADDRESS:			EMAIL:		FAX:		CELL PHONE:	
BUSINESS STREET ADDRESS:				CITY:		STATE:	ZIP CODE:	
CORP	LLC	PART	PROP	FED. TAX ID #:		NATURE OF BUSINESS:		YEAR STARTED:

PRINCIPALS (S) / OFFICERS (S) INFORMATION

PRINCIPAL / OWNER (1) FULL NAME:				COMPANY TITLE:			
SOCIAL SECURITY NUMBER:			DATE OF BIRTH:		HOME PHONE NUMBER:		
HOME STREET ADDRESS:				CITY:		STATE:	ZIP CODE:
PRINCIPAL / OWNER (2) FULL NAME:				COMPANY TITLE:			
SOCIAL SECURITY NUMBER:			DATE OF BIRTH:		HOME PHONE NUMBER:		
HOME STREET ADDRESS:				CITY:		STATE:	ZIP CODE:

BUSINESS BANK REFERENCE

BUSINESS BANK NAME:		ACCOUNT #:		PHONE:		CONTACT:	
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LOAN or LEASE REFERENCE (S)

LEASE OR LOAN REFERENCE NAME (1):		ACCOUNT #:		PHONE:		CONTACT:	
LEASE OR LOAN REFERENCE NAME (2):		ACCOUNT #:		PHONE:		CONTACT:	

TRADE REFERENCE (S)

TRADE REFERENCE NAME (1):		ACCOUNT # OR CONTACT PERSON:			PHONE:		
TRADE REFERENCE NAME (2):		ACCOUNT # OR CONTACT PERSON:			PHONE:		

DEALER INFORMATION & EQUIPMENT DESCRIPTION

DEALER NAME:		FULL ADDRESS:			SALES PERSON:		PHONE:
YEAR:	MAKE & MODEL:		EQUIPMENT DESCRIPTION / MILES/ HOURS:				COST \$:

PRIMARY APPLICANT SIGNATURE _____ **CO-APPLICANT SIGNATURE** _____
 By signing this form I/We hereby agree and give authorization to Flex Lease Financial, its agents and/or assign's to investigate my/our credit worthiness, payment history from the information I/We supplied on this credit application. I/We give permission to any credit agency, bank institution or creditor to release any/all information as it pertains to my/our account(s).