



Simple. Like financing should be.

All-Lines Leasing

Financing Application for Commercial Customers

Phone: 800-477-5855

Fax: 800-288-4959

Legal Business Name _____ Date _____

Business Address _____

City _____ County _____ State _____ Zip _____

Contact Name _____ Business Phone _____

Cell Phone _____ Fax _____ E-mail _____

Business Ownership: Sole Proprietor Partnership Corp.- F.I.D.# _____ in State of _____

Business Start Date _____ Type of Business _____ Full-time Part-time

Owners / Officers / Partners

This information may be used to check the personal credit of individuals listed.

Name _____ Social Security # _____ Title _____ Ownership % _____

Home Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Home: Own Rent Birth Date _____ Driver's Lic. # _____

Name _____ Social Security # _____ Title _____ Ownership % _____

Home Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Home: Own Rent Birth Date _____ Driver's Lic. # _____

Bank Information

Bank Name _____ City/State _____

Phone _____ Checking Acct. # _____ Date Opened _____

I (we) certify that the above information is complete and correct and the equipment is being acquired for commercial and not consumer use. I (we) authorize the bank listed above to provide credit information to All-Lines Leasing. I (we) understand that All-lines Leasing may use the provided information to check personal credit of owners, officers or partners indicated above.

All-Lines Leasing will notify the Equipment seller of credit decision unless otherwise directed in writing by applicant. Please indicate method of notification such as by phone, fax or e-mail.

Financial statements may be required based on credit and/or transaction size.

When you apply for an account with us, we will ask for your name, address, date of birth and other information that will allow us to identify you. We will ask to see your driver's license or other identifying documents.

Signature _____ Title _____ Signature _____ Title _____

Applicant's Signature Required

Co-Applicant's (if any) Signature Required

Equipment seller _____ E-mail _____

Contact _____ Phone _____ Fax _____

Equipment description _____

Make _____ Model _____ Type _____ Size _____ GW Capacity (trailers) _____

Sale price \$ _____ Term _____ Rate factor used _____ Promo code _____

Before sales tax

Months

EFA

or

Lease

EFA (Equipment Finance Agreement)

10% Purchase Option

Other _____

Fax completed, signed application to 800-288-4959

01/09