

FAX TO: 443.796.7200

DATE:

LEASE CREDIT APPLICATION

PROPERTY NAME:			COUNTY WHERE EQUIP IS LOCATED:		
LEGAL OWNERSHIP ENTITY:					
ADDRESS:			CITY:		STATE: ZIP:
PHONE:		DATE ESTABLISHED:		<input type="checkbox"/> PROP <input type="checkbox"/> CORP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC	
DATE PRESENT OWNERSHIP COMMENCED:			NATURE OF BUSINESS		
MANAGEMENT CO:				TELEPHONE:	
PURCHASERS NAME:			TITLE:		
ADDRESS:			CITY:		STATE: ZIP:
COPORATE OFFICER AUTHORIZED TO SIGN LEASE AGREEMENT:					
EMAIL ADDRESS:			FED ID#		STATE OF INCORPORATION:
BANK REFERENCE					
NAME OF BANK:		PHONE:		PERSON TO CONTACT:	
CHECKING ACCT #		SAVINGS ACCT #		LOAN ACCT:	
NAME OF BANK:		PHONE:		PERSON TO CONTACT:	
CHECKING ACCT #		SAVINGS ACCT #		LOAN ACCT:	
TRADE REFERENCE					
NAME OF COMPANY:			ACCOUNT #		PHONE:
NAME OF COMPANY:			ACCOUNT #		PHONE:
NAME OF COMPANY:			ACCOUNT #		PHONE:
CURRENT LEASE OBLIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF CO OR BANK:		PHONE: ACCOUNT:	
INSURANCE INFORMATION					
NAME OF INSURANCE AGENT:				PHONE:	
ADDRESS:			CITY:		STATE: ZIP:
EQUIPMENT / VEHICLE VENDOR INFORMATION					
NAME OF SUPPLIER:			CONTACT PERSON:		
ADDRESS:				PHONE:	
QTY	NEW	DESCRIPTION OF EQUIPMENT OR VEHICLE TO BE LEASED			PRICE WITHOUT TAX
DESIRED TERM: <input type="checkbox"/> 12 MONTHS <input type="checkbox"/> 24 MONTHS <input type="checkbox"/> 36 MONTHS <input type="checkbox"/> 48 MONTHS <input type="checkbox"/> 60 MONTHS				RESIDUAL <input type="checkbox"/> NO RESIDUAL <input type="checkbox"/>	
RELEASE					
TO WHOM IT MAY CONCERN: THIS WILL BE YOUR AUTHORITY AND MY REQUEST FOR YOU TO RELEASE TO MADISON CAPITAL, LLC ANY INFORMATION THEY MAY REQUEST CONCERNING CREDIT STANDING WITH YOUR COMPANY AND/OR MONEY ON DEPOSIT. I HEREBY FURTHER AUTHORIZE MADISON CAPITAL, LLC TO OBTAIN ANY PERSONAL CREDIT BUREAU REPORTS (IF APPLICABLE) AND UTILIZE PHOTOCOPIES OF THIS RELEASE IN CONJUNCTION WITH THE LEASE APPLICATION PROCESS.					
FOR (COMPANY NAME): _____					
BY (NAME OF OFFICER): _____ TITLE: _____					
SIGNATURE: _____ DATE: _____					