Equipment Lease Application ($2500 Minimum)
Please sign and fax to 408-437-9696 or sign, scan and email to Finance@MyBusinessInteriors.com

Business Interiors Phone 866-876-4442

BUSINESS/Company Information

Legal Business Name/d.b.a.(Check one): Corporation ☐ Partner ☐ Sole Proprietor ☐				Federal Tax I.D.#
Address	City	State	Zip	Phone #
Email Address / Website				Fax #
Primary business function				# Years Current Owner

OWNERSHIP

Name of Principal #1	Title	Social Security #		% of Ownership
Home Address	City	State	Zip	Phone #
Name of Principal #2	Title	Social Security #		% of Ownership
Home Address	City	State	Zip	Phone #

BUSINESS BANK REFERENCE (Please attach a copy of recent bank statement)

Bank Name	Account # (Chkg.)	Loan #		Phone #
				Contact
Bank Name	Account # (Chkg.)	Loan #		Phone #
				Contact

BUSINESS TRADE/LEASE REFERENCES

Trade Name	Account #	High Credit	Phone #	Contact
Trade Name	Account #	High Credit	Phone #	Contact
Landlord			Phone #	Contact
Insurance Co.:	Agent Name:		Phone #	Contact

EQUIPMENT INFORMATION

Notes:

Lease Terms: 24 months ☐☐   48 months ☐☐   Purchase Option: $1.00 ☐
                      36 months ☐☐   60 months ☐☐   10% ☐☐

IMPORTANT: Signature: _____ Date: _____

By signing above, the undersigned individual, who is either a principal of credit applicant or a personal guarantor of its obligations, provides written instruction to (broker/financial institution) or its designee (and any assignee or potential assignee) authorizing review of his/her personal credit profile from a national bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purpose of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature above, I/We affirm my/our identity as the respective individual/s identified in the above application.