

Fill out in ink Fax to 559-298-4709

For approval

EQUIPMENT LEASE APPLICATION



Lease Line: 559-299-5101

AB #: 110-306-000 SHERI PERSONS Fax Line: 559-298-4709

VENDOR INFORMATION

Vendor Name: Stoutkart LLC Vendor Code: _____

Address: 1077 SE 2nd St. City: Ontario State: OR Zip: 97914

Tel No.: (541) 889- 0001 Fax No.: (541) 889-3397 Contact: Peggy

EQUIPMENT INFORMATION

Description: _____ Equip. Cost: _____

() New () Used Lease Term: _____ Buyout: () FMV () 10% () \$1 () Other: _____

LESSEE INFORMATION

Full Legal Name: _____ DBA: _____

Address: _____ City: _____ State: _____ Zip: _____

Years In Bus.: _____ No. of Employees.: _____ Contact Person: _____ Title: _____

Nature of Business: _____ Telephone: _____ Fax No. _____

Business Type: () Corp. () Prop. () Partner () Non-Profit () LLC Tax ID # _____

PERSONAL INFORMATION

Officer: _____ Social Security #: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____ Home Tel: _____

Officer: _____ Social Security #: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____ Home Tel: _____

TRADE REFERENCES

Name: _____ Telephone #: () _____ Contact: _____

Name: _____ Telephone #: () _____ Contact: _____

Name: _____ Telephone #: () _____ Contact: _____

BANK INFORMATION

(Two Year History)

Bank Name: _____ () Checking () Savings () Loan

Telephone: () _____ Contact Name: _____ Acct. #: _____

Bank Name: _____ () Checking () Savings () Loan

Telephone: () _____ Contact Name: _____ Acct. #: _____

By signing below, each undersigned individual(s), who either a principle of the credit applicant listed below, or a personal guarantor of its obligations, provides written instruction to Lease One or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purposes of update renewal, or extension of such credit and for reviewing or collecting the resulting account. A photocopy or facsimile copy of this authorization shall be as a valid original. In addition to authorizing review of my/our credit profile from any national credit bureau the undersigned also authorizes my/our financial institutions and creditors to release credit information required by Lease One or its designee (and any assignee or potential assignee thereof.)

DATE SIGNATURE TITLE

DATE SIGNATURE TITLE