

EQUIPMENT LEASE APPLICATION

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LESSEE:

COMPANY LEGAL NAME _____
DBA _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE # () _____ FAX # () _____
CONTACT & TITLE _____ EMAIL _____
YEARS IN BUSINESS _____ FEDERAL TAX ID# _____
CORPORATION () LLC () PARTNERSHIP () PROPRIETORSHIP () NON-PROFIT ()
NATURE OF BUSINESS _____
EQUIPMENT LOCATION: _____

OWNER / PRINCIPAL:

NAME _____ TITLE _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE # _____ CELL # _____ EMAIL _____
SSN _____ 1040 INCOME _____ OWNERSHIP _____ %
SIGNATURE X _____ I AUTHORIZE USF TO INVESTIGATE YOUR CREDIT AS PROVIDED BELOW

OWNER / PRINCIPAL:

NAME _____ TITLE _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME PHONE # _____ CELL # _____ EMAIL _____
SSN _____ 1040 INCOME _____ OWNERSHIP _____ %
SIGNATURE X _____ I AUTHORIZE USF TO INVESTIGATE YOUR CREDIT AS PROVIDED BELOW

ACCOUNTANT:

COMPANY NAME _____
PHONE # () _____

INSURANCE COMPANY:

COMPANY NAME _____
PHONE # () _____

EQUIPMENT VENDOR:

COMPANY NAME _____
PHONE # () _____ CONTACT _____
EQUIPMENT COST SUBTOTAL \$ _____ TAX _____ TOTAL \$ _____
EQUIPMENT DESCRIPTION (MAKE, MODEL) _____

TERM _____ PAYMENT _____ ADVANCES _____

I (we) warrant this information supplied to U.S. Financial Services, Inc. to be true and understand said information will be relied upon by Lessor (or its assigns) in furnishing credit to applicant and I (we) hereby authorize Lessor, and/or any credit bureau or other investigative agency employed by such person, to investigate the references supplied or statements or other data obtained from me (us) pertaining to my (our) credit and financial responsibility.

X _____
SIGNER GUARANTOR

DATE