

**MANCHESTER LEASING COMPANY
LESSEE APPLICATION - BUSINESS**

DATE _____

COMPANY NAME		DATE STARTED BUSINESS	
STREET ADDRESS		CITY	STATE ZIP
COUNTY		PHONE NUMBER	
TYPE OF BUSINESS		FEDERAL IDENTIFICATION NUMBER	
PROPRIETORSHIP <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	CORPORATION <input type="checkbox"/>	LLC <input type="checkbox"/>

COMPANY OFFICERS / PARTNERS / PRINCIPALS

NAME	TITLE	HOME ADDRESS	CITY	STATE	ZIP

BANK REFERENCES

BANK NAME	ACCOUNT TYPE	OFFICER RESPONSIBLE FOR YOUR ACCOUNT

CREDIT REFERENCES

NAME	ADDRESS	CITY	STATE	ZIP

FISCAL YEAR END	SALES OR REVENUE LAST FISCAL YEAR	NET WORTH OR OWNER'S EQUITY
INSURANCE AGENCY	AGENT	PHONE NUMBER

THE ABOVE STATEMENTS ARE SUBMITTED FOR THE PURPOSE OF OBTAINING CREDIT AND ARE CERTIFIED TO BE TRUE AND CORRECT. I AGREE THAT USUAL CREDIT INQUIRIES MAY BE MADE TO VERIFY STATEMENTS. I AGREE THAT THIS APPLICATION SHALL REMAIN THE PROPERTY OF THE BANK WHETHER THE LEASE IS GRANTED OR NOT.

AUTHORIZED SIGNATURE

TITLE

EQUIPMENT APPLICATION - MLC 05-11