

**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
 PARTNERSHIP
 CORPORATION
 LLC

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
PRINCIPAL DRIVER OF VEHICLE		HOME PHONE
HOME ADDRESS		CITY STATE ZIP

VEHICLE WILL BE GARAGED AT HOME ADDRESS
 BUSINESS ADDRESS

INSURANCE AGENCY	AGENT	PHONE NUMBER
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PROPOSED LEASE YEAR MAKE MODEL	TERM NO. MONTHS	MONTHLY RENTAL	TYPE LEASE		INSURANCE BY		RV
			OPEN	CLOSED	LESSOR	LESSEE	

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