# Lease Application TUSLogo

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| **LESSEE INFORMATION** | | | | | | | | | | | | | |
| LEGAL BUSINESS NAME | | | | | | DBA | | | | | | | |
| EQUIPMENT ADDRESS | | | | | | City, State Zip | | | | | | | |
| BILLING ADDRESS | | | | | | City, State Zip | | | | | | | |
| PHONE | FAX | | TYPE OF BUSINESS | | | | | | | FED ID # | | | |
| CORP./  SOLE PROP. | TIME IN BUSINESS | | LEASE / OWN BLDG | | | | | | | TIME OWNED | | | |
| OWNER | HOME ADDRESS | | | | | | City, State Zip | | | | | | |
| HOME PHONE | CELL | | SOCIAL SECURITY # | | | | | | | | % OF OWNERSHIP | | |
| OWNER | HOME ADDRESS | | | | | | City, State Zip | | | | | | |
| HOME PHONE | CELL | | SOCIAL SECURITY # | | | | | | | | % OF OWNERSHIP | | |
| **FINANCIAL TRADE INFORMATION** | | | | | | | | | | | | | |
| BANK REFERENCE | | | | CONTACT | | | | | | | PHONE | | |
| ACCOUNT NO. | | | | | CHECKING | | | LOAN | | | FAX | | |
| BANK REFERENCE | | | | CONTACT | | | | | | | PHONE | | |
| ACCOUNT NO. | | | | | CHECKING | | | LOAN | | | FAX | | |
| TRADE REFERENCE | | | | | | | | | | | PHONE | | |
| TRADE REFERENCE | | | | | | | | | | | PHONE | | |
| TRADE REFERENCE | | | | | | | | | | | PHONE | | |
| **VENDOR INFORMATION** | | | | | | | | | | | | | |
| VENDOR NAME TAYLOR ULTIMATE SERVICES | | | | | | | | | PRICE: | | | | |
| ADDRESS 1780 NORTH COMMERCE PARKWAY | | | | | | | | | TAX: $ | | | |  |
| TELEPHONE 800-940-4848 | | FAX 954-217-2128 | | | | | | | TOTAL: $ | | | | |
| SALES PERSON | | | | | | | | | TERM: | | |  | |
| EQUIPMENT DESCRIPTION: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| |  | | --- | | By signing below, the undersigned individual, who is either a principal of the credit applicant or a guarantor of its obligations, provides this written instruction to the above referenced Lessor/Secured Party, its nominees or assigns, authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in consideration of the application and subsequently for the purpose of update, renewal or the extension of such credit or additional credit and for reviewing and collecting the resulting account. A photostatic or facsimile cop of this Authorization shall be valid as the original. By signature below, I/we affirm our identity as the respective individuals identified in the related application, I/we take full responsibility for transmission thereof, I/we am over 18 years of age, I/we acknowledge my rights under the Fair Credit Opportunity Act, and this request is for business and not consumer purposes. Federal law requires banks to verify the information you provide, which may include driver’s license or other documents, to identify you.  BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |