

Credit Application

Borrower			Corporate C	Guarantor (If Ap	plicable)		
Legal Business Name:			Legal Business Name:				
Doing Business As:			Address:				
Address			City, State, Zip:				
City, State, Zip:			Contact:				
Contact			Telephone:				
Telephone: Web Address:			Fax:				
Fax: Email:			File Bankruptcy? Y or N				
File Bankruptcy? Y or N							
Federal Tax ID:			Federal Tax ID:				
Business Information							
Type of Business : Corporation LLC	Partnership	Proprietorship	Other		Years in Busir	ness: Ownership %:	
Annual Revenue: # of Emplo	oyees:	Year End Net Profit	:	Year End Equity:		# Of Vehicles in Fleet:	
Principals/Guarantors		<u> </u>					
Name:		DOB:		SSN#:	,	US Citizen: Y N	
Address:					Ti	me at Address:	
Residential State:OwnRent	Other	Cell #:	Email:			Years Owned:	
Name:		DOB:		SSN#:		US Citizen: Y N	
Address:					Ti	me at Address:	
Residential State:OwnRent	Other	Cell #:		Email:		Years Owned:	
Equipment Description							
Description:						New Used	
Equipment Cost: \$ Equipment Location:							
Vendor Name: Contact:				Phone: ()			
Trade References							
Supplier Name:	Yrs:	City/State:		Phone: ()		Contact:	
Supplier Name:	Yrs.	City/State:		Phone: ()		Contact:	
Please attach last three months' corporate bank statements.							
I/we hereby authorize United Leasing, Inc., or checks at any time. I/We will provide financial is true and correct and hereby authorize references reserves the right to reverse any credit decision. Inc. for any and all costs incurred with this appon information contained herein. The USA PAT that applies for financing. Therefore, this applia social security number and date of birth will Signature:	statements, tax ences contained on if the informat olication for cred FRIOT act require lication must inc be required as w	returns, etc., as you herein to release an tion contained herein it including any cost es financial institutio lude the applicant's evell.	deem necessal y necessary inf n is found to be incurred in the ns to obtain, ve	ry. I/we Warrant a ll ormation. Further, e incorrect. I/we wa placement or reser erify, and record ide ne, address, and tax	nd Affirm that I/we understa rrant that I/w rvation of the entifying inform	the information submitted herein and that United Leasing, Inc. e will indemnify United Leasing, intended leased equipment based mation for each person or entity	
Signature:	Printe	d Name:			Date:		

ELFA Member Email completed application to: mkaplan@accesscapital.biz

or fax to: 516-213-7285

For additional information please contact

Phone: 516-444-3623

3000 MARCUS AVENUE, SUITE 3E01 • LAKE SUCCESS, NY 11042