



# YourLease Connection

EQUIPMENT FINANCE MADE FAST AND EASY

## EQUIPMENT INFORMATION *Equipment Seller*

**CREDIT APPLICATION – FAX TO: 800-455-9108**

Vendor Company Name AUTOMATIC ESPRESSO MACHINES	Contact Name RON WUBKER	Phone 408 272 4927	Fax 408 272 0447
Equipment Description	Equipment Cost	Budgeted Monthly Payments	Expected Delivery Date

## COMPANY INFORMATION *Buyer*

COMPANY FULL LEGAL NAME	DBA		
Company Address	City, State, Zip		
Corp / LLC / Sole Prop / LLC / Other	Start Date Under Current Ownership		
Location of Equipment <i>(if different from above)</i>	Phone	Fax	Tax ID #

## PRINCIPAL INFORMATION *(On Officers, Partners or Guarantors)*

Name	Title	SSN	Ownership %
Home Address		City, State, Zip	
Name	Title	SSN	Ownership %
Home Address		City, State, Zip	

## BUSINESS CHECKING ACCOUNT & TRADE REFERENCES

Current Business Bank	Open Date	Account #
Bank Phone #	Bank Contact Person	
Lease/ Loan Experience	Phone	Contact

*By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.*

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_