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Leasing Specialists, Inc. 2701 Grand Avenue Galesburg, IL 61401	Equipment Lease Application	Phone: (309) 343-2099 Fax: (309) 343-2098 Website: www.lease-today.com
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APPLICANT INFORMATION

Name:		Home Phone:
City:	State:	Email Address:
Zip Code:	County:	Years In Business:
Social Security No:	Check One: Tax Exempt _____ Taxable _____	

EQUIPMENT TO BE LEASED

Quantity	New / Used	Description	Unit Cost

SUPPLIER INFORMATION (Source of Equipment Being Purchased For Lease: Dealer, Private Party, Auction)

Supplier:	Phone:
Address:	Contact:

LEASE DETAILS

Purchase Price:	Lease Term (Years):
Check One: Annual Payments _____ Semi-Annual Payments _____ Quarterly Payments _____ Other _____	

BANK REFERENCES

Bank	Phone Number	Contact Person	City & State

TRADE REFERENCES (Suppliers, Equipment Dealers, Landlords)

Firm Name	Phone Number	Contact Person	City & State

EQUIPMENT INSURANCE

Agency:	Agent:
Address:	Phone:

The Following Information Should Accompany This Application:

Year-End Financial Statements For The Last Two (2) Years. Federal Tax Returns may also be requested.

I/we have applied for a lease from Leasing Specialists, Inc (LSI). I/We authorize LSI, its officers, employees, and agents, to make all inquiries that LSI deems necessary in its sole discretion to determine my/our credit worthiness, including but not limited to procuring credit reports and credit information from credit reporting agencies, financial institutions, extenders of credit references, and my/our present and former employers, suppliers, merchants, landlords, and grain merchants creditors. I/We agree that a photostatic or facsimile copy of this Authorization shall be considered as effective and as valid as the original. I/We hereby certify under penalty of law that the foregoing is true and complete information.

The undersigned declares that he/she has read and understands the information above.

Date Signed: _____ Applicants Signature _____
 Title _____

Date Signed: _____ Applicants Signature _____
 Title _____