

# CAPITAL ADVANTAGE LEASING CREDIT APPLICATION

1945 28th Street S.W. • Grand Rapids, Michigan 49509  
 (616) 257-3444 • 1-800-968-0458 • Fax (616) 257-6260

Account Executive		Log No.	Date
<b>Lessee</b>		<b>SUPPLIER</b>	
Name		Name	
Address (Street, City, State, Zip Code)		Address (Street, City, State, Zip Code)	
Contact	Phone	Contact	Phone
<b>Quantity</b>	<b>Description of Equipment (give Manufacturer, Model No., Serial No., etc.)</b>		<b>Equipment Cost</b>
Location of Equipment if Different Than Above:			<b>TOTAL COST</b>
			\$
<b>Term of Lease</b>	<b>Rental Payment Schedule</b>		<b>Advance Rentals</b>
	Payments of \$ _____ Plus Tax: \$ _____ <b>TOTAL: \$ _____</b> per month		Check for this amount must accompany Lease Application: \$ _____ To be applied to
Months	FOLLOWED BY (When applicable)		
Rate	Payments of \$ _____ Plus Tax: \$ _____ <b>TOTAL: \$ _____</b>		
P.O.			
<b>Company Credit Information</b>		<b>D&amp;B Rating</b>	<b>* Information on Guarantors</b>
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			Name
<input type="checkbox"/> Other (Specify)			S.S. No.
		Home Address	
Nature of Business		City, State, Zip Code	
Year Started	Year Incorporated	Name	S.S. No.
Bank	Branch	Home Address	
Officer	Phone	City, State, Zip Code	
Account #			
2nd Bank	Branch	<input type="checkbox"/> Financial Statements Attached    or <input type="checkbox"/> Accountant may be Contacted	
Officer	Phone		
Trade Ref.	Phone	Name	
Trade Ref.	Phone	Phone	
Federal I.D. Number			
Tax Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Lessee Signature</b>	
Property Tax Authority		<b>* Guarantee Information Required for ALL Sole-Proprietorships, ALL Partnerships and CERTAIN Corporations</b>	
Comments			