



Kingswood Leasing, Inc.
Your Commercial Capital Source

Your Kingswood Leasing Representative:
Michael Lazarz, Account Executive
Email: Michael@KingswoodLeasing.com
Phone: 888-327-8121 ext. 229

FINANCE APPLICATION

Business Information

Business Legal Name:		DBA Name:		
Business Address:		City:	State:	Zip:
Billing Address:		City:	State:	Zip:
Business Phone:		Fax:	Website:	
Email:		Fed Tax ID:		Time in Business:
Industry:	Rent or Own Bldg:	Structure (Choose One): Corp – LLC – SoleProp - LP		

Owner(s) Principal(s) Information

Name (Primary Owner):		Name (2 nd Owner):		
Title:	% of Ownership:	Title:	% of Ownership	
Address:		Address:		
City:	State:	Zip:	City:	State: Zip:
Home Phone:	Cell:	Home Phone:	Cell:	
Email:		Email:		
Social Security #:		Social Security #:		

Business Bank Account Information

Bank:	Contact:	Phone:	Fax:
Name on Account:		Type:	Account #:

Equipment Vendor Information

Name:		Phone:	Fax:
Address:		City:	State: Zip:
Equipment Cost (\$):	Equipment Description:		
Is the Equipment New or Used?		Vendor Salesperson:	

Credit Authorization

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 photo static or facsimile copy 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.

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

Kingswood Leasing, Inc • 16 Pierce Street • Dover, NH 03820 • Phone: 888-327-8121 • Fax: 888-327-8099 • KingswoodLeasing.com



Email Signed Application To:
Michael@KingswoodLeasing.com
Or Fax To: (888)-327-8099
Or Apply Online At
www.kingswoodleasing.com/apply-now