

CAPITAL

EQUIPMENT LEASING, INC.

Business Information

CREDIT APPLICATION

Company Legal Name / Lessee				Phone:
Company Address:				Fax:
City:	State:	County:	Zip:	Mobile:
Website address:		Email: (by providing an email address, you agree to receive emails from CEL)		Federal Tax ID #:
Nature of Business:	Business Structure <input type="checkbox"/> Prop <input type="checkbox"/> Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Part <input type="checkbox"/> Non-Profit		Age of Business:	Time Under Current Ownership
Location of Equipment::				Dun & Bradstreet Number

Guarantor(s) Information

PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO	SOC SEC NO	DATE OF BIRTH
HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	
PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO	SOC SEC NO	DATE OF BIRTH
HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	
PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE NO	SOC SEC NO	DATE OF BIRTH
HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	

Bank References – Attach first page, last three months of bank statements

Name of Bank / Branch:	Contact Person:	Phone #	Fax #
Account #:	Please indicate Account Type:		How long open?:

Vendor and Equipment Information

Vendor Name:	Vendor Contact:	Vendor Phone:	Vendor Fax:
Vendor Address	City:	State:	Zip:
Equipment to be Leased (attach schedule if necessary)			Equipment Cost:
Lease Term <input type="checkbox"/> 12 mo <input type="checkbox"/> 24 mo <input type="checkbox"/> 36 mo <input type="checkbox"/> 48 mo <input type="checkbox"/> 60 mo		Purchase Option <input type="checkbox"/> 10% <input type="checkbox"/> \$1.00 <input type="checkbox"/> EFA	

Authorization for Credit Inquiry

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 Capital Equipment Leasing, 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 this 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 Photostat 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.

X _____ Date: _____
 X _____ Date: _____

Rep. Archie Witherell

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