

Allstate Leasing

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scromwell@allstateleasing.com

Date of Application: _____

Steve Cromwell

EQUIPMENT LEASE APPLICATION

LESSEE INFORMATION

Company _____ dba _____ Contact _____

Address _____ City _____ County _____ State _____ Zip _____

Telephone _____ Fax _____ email _____ website _____

Nature of Business: _____ Date Established: _____ Fed ID: _____

Location ☐ Own ☐ Rent Sq. Ft.: _____ Landlord: _____ Telephone: _____

Structure of Business: ☐ C Corp ☐ S Corp ☐ LLC ☐ Partnership ☐ Proprietorship ☐ Non Profit

State of Corporation (if applicable) _____ Corporate ID # _____

DESCRIPTION OF EQUIPMENT

Description: _____

Vendor: _____ Contact: _____ Telephone: _____

Price of Equipment (Excluding Tax): _____ ☐ New ☐ Used

PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTORS

Name: _____ Title: _____ Soc. Sec. # _____ Birth Date: _____

Home Address: _____ City _____ St _____ Zip _____ Phone _____

Name: _____ Title: _____ Soc. Sec. # _____ Birth Date: _____

Home Address: _____ City _____ St _____ Zip _____ Phone _____

BANK REFERENCES

Name of Bank: _____ Contact: _____ Phone: _____ Fax: _____

Checking Account #: _____ Loan Account #: _____

Name of Bank: _____ Contact: _____ Phone: _____ Fax: _____

Checking Account: _____ Loan Account _____

Current Lease Obligation: ☐ Yes ☐ No Name of Co./Bank: _____ Account #: _____

INSURANCE

Agent's Name: _____ Contact: _____ Phone: _____

Address: _____ City/State/Zip: _____

TRADE REFERENCES

Name of Supplier: _____ Phone: _____ Fax: _____

Name of Supplier: _____ Phone: _____ Fax: _____

Name of Supplier: _____ Phone: _____ Fax: _____

The undersigned certifies that the above information given for credit purposes is true and correct and authorizes HRAL, LLC dba Allstate Leasing or person to whom this application is made and any credit bureau or other investigative agency to investigate the references, statements, or other data listed or accompanying this application. The undersigned authorizes all parties to release credit and financial information requested as part of said investigation.

Signature: _____ Title: _____ Date: _____