

REFERRAL PARTNER APPLICATION



QUALITY
LEASING

REFERRAL PARTNER INFO

Business Name: _____ Years in Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Cell: _____

Email: _____ Website: _____

Owner Name: _____ SSN: _____

Address: _____

Years of Experience: _____ CBR Used: XPN EFX TU D&B CBR Scoring Model _____

Estimated Annual Funding Volume to Quality Leasing: \$ _____

Referred to Quality by: _____

Do you have a LinkedIn account? YES NO Member of: CLFP ELFA NEFA AACFB

BUSINESS BANK

Name: _____ Phone: _____

Address: _____ Contact: _____

FUNDING SOURCE REFERENCES

Source 1: _____ Phone: _____

Contact: _____ Email: _____

Source 2: _____ Phone: _____

Contact: _____ Email: _____

Source 3: _____ Phone: _____

Contact: _____ Email: _____

******Please attach a copy of your resume, CV, or bio with work history******

By signing below, the undersigned individual as principal/owner for the applicant, authorizes Quality Leasing Co., Inc., its designee, assigns, or potential assigns to obtain and review his/her personal credit profile provided by any national credit bureau, all pertinent company credit/reference information, and to contact above listed financial institutions and creditors to release credit and performance information for considering this application and for the purpose of update, renewal, or extension of credit to the applicant or the collection of any matters. A fax or photocopy of this agreement shall be valid as the original.

Signed: _____ Date: _____

Print name: _____ Title: _____