



LEASE CONSULTANTS CORPORATION

Box 71397, Des Moines, IA 50325
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LEASE APPLICATION

VENDOR AND LEASE INFORMATION

VENDOR: _____ PHONE _____ FAX: _____

SALES REP _____ TERM _____ COST \$ _____ with tax without tax

LEASE PLAN BestBuy Baker's Dozen Municipal Promo Service \$ _____

Other: Buy Out \$ _____ Paid Up Front # _____ Comments: _____

EQUIPMENT: _____

BUSINESS INFORMATION

BUS. NAME _____ FEDERAL ID# _____

ADD./CITY/ST./ZIP/COUNTY _____

CIRCLE ONE: PROPRIETORSHIP PARTNERSHIP CORPORATION LLC OTHER _____

NATURE OF BUS: _____ EMPLOYEES: FULL TIME _____ PART TIME _____

YEARS IN BUSINESS _____ YEARS UNDER CURRENT MANAGEMENT _____ PHONE # _____ FAX # _____

BANK INFORMATION

BANK REFERENCE(S) / ACCOUNT NUMBER(S)	CONTACT	PHONE	CITY & STATE

PRINCIPAL(S) INFORMATION

ALL PRINCIPALS, OFFICERS & STOCKHOLDERS OVER 10%	% OF OWNER-SHIP	TITLE	SOCIAL SECURITY NUMBER	DATE OF BIRTH	HOME ADDRESS STREET/CITY/STATE/ZIP

AUTHORIZATION

I authorize release of any credit or financial information to Lease Consultants Corporation.

Date: _____ Authorized Signature: _____