

Alternative Building Solutions, Inc.

Commercial Equipment Leasing Application

Purpose of Lease: _____

Equipment Cost: _____

EQUIPMENT & VENDOR INFORMATION				
Equipment Description			Vendor Name	
Vendor Address	Street	City	State	Zip
Vendor Contact	Vendor Phone #	Terms	Plan	Option

COMPANY INFORMATION				
Business Name			Federal Tax I.D. Number	
Location Address	Street	City	State	Zip
Mailing Address (if different)	Street	City	State	Zip
Business Phone Number	Owner since (Mo/Yr)	Total Years in this type business	Annual Sales \$	Net Annual Income \$
Type of Ownership			Type of Industry	

OWNER / PERSONAL PROFILE (use additional applications for multiple owners)				
Name	Social Security Number	Date of Birth	% Ownership	Company Title
Spouse's Name (if co-owner or co-applicant)	Social Security Number	Date of Birth	% Ownership	Company Title
Home Address	Street	City	State	Zip
				# Years at this Address
Home Telephone Number	\$ _____	Housing Expense per month <input type="checkbox"/> Own <input type="checkbox"/> Rent	Applicant: \$ _____	Annual Income Spouse (if applicant): \$ _____
Assets (exclude business assets)	Current Balance	Liabilities (exclude business liabilities)	Current Balance	
Checking Accounts	\$	Revolving Credit	\$	
Savings Accounts	\$	Installment Loans	\$	
Securities	\$	Mortgages/Liens	\$	
Real Estate (Market Value)	\$	Notes Payable	\$	
Other	\$	Other	\$	
Total	\$	Total	\$	

BANK REFERENCES - FIVE YEAR HISTORY				
Name of Bank/Branch	City/State	Checking Acct. #	Telephone #	Contact Officer
Name of Bank/Branch	City/State	Checking Acct. #	Telephone #	Contact Officer

CREDIT REFERENCES - (Suppliers, Lenders, Leasing Companies, etc.)				
Name	City/State	Account #	Telephone #	Contact Person
Name	City/State	Account #	Telephone #	Contact Person
Name	City/State	Account #	Telephone #	Contact Person

FINANCE REFERENCES				
Name	City/State	Account #	Telephone #	Contact Person
Name	City/State	Account #	Telephone #	Contact Person

The undersigned certifies that the information provided in this application, attached financial statements and supporting schedules both printed and written, give a full, true and complete statement of the financial condition of the undersigned as of the date indicated. Lessor is authorized to conduct a credit investigation using any and all information provided for commercial/leasing credit.

X

Authorized Officer, Partner or Proprietor

Title

Date