

SUMMIT LEASING, INC.

3901 Fairbanks Ave., Yakima, WA 98902
Mail: P.O. Box 7, Yakima, WA 98907-0007
(509) 575-4425 (800) 736-1530
Fax: (509) 453-3798 www.summitleasing.com



LEASE APPLICATION

Firm Name: _____

Address: (Mailing): _____

city State Zip

Address: (Street) _____

city State Zip

Telephone: () _____

Corporation Partnership Proprietorship

Kind of Business: _____ # of Employees? _____ How Long? _____

Officer or Owner: _____ Officer or Owner: _____

Title: _____ SSN: _____ Title: _____ SSN: _____

Residence Address: _____ Residence Address: _____

city state zip

Telephone: () _____

city state zip

Telephone: () _____

BANK REFERENCES

Bank: _____ Bank: _____

Branch: _____ Branch: _____

Contact Officer: _____ Contact Officer: _____

Telephone: () _____ Telephone: () _____

Checking Acct. #: _____ Checking Acct. #: _____

Saving Acct. #: _____ Saving Acct. #: _____

Loan(s) Acct #: _____ Loan(s) Acct. #: _____

TRADE REFERENCES

Name: _____ City, State: _____ Phone: () _____

Name: _____ City, State: _____ Phone: () _____

Name: _____ City, State: _____ Phone: () _____

Name: _____ City, State: _____ Phone: () _____

TYPE OF EQUIPMENT TO BE LEASED: _____

Quantity **Description** **Model No.** **S/N** **Cost**

Desired Term of Lease: _____ Months Vendor Name: _____

Address: _____

Phone: _____ Contact: _____

I understand that Summit Leasing, Inc. is relying on this information in extending any credit and it is warranted to be true. I hereby authorize Summit Leasing, Inc. or any credit bureau or other investigative agency employed by Summit Leasing, Inc. to investigate the references herein listed or statements or other data obtained from me or any other person pertaining to my credit and financial responsibility. The undersigned authorizes all parties contacted to release credit & financial information requested as a part of said investigation.

Signature of Applicant: X _____

Date: _____