



# ProLease Capital Solutions Credit Application

Please Fax back to: (877) 500-5748

## VENDOR/DEALER LOCATION INFORMATION

Supplier - Partner Name		Vendor Co. Phone #	Finance Representative Mark.Hendrick@proleasecapital.com
Supplier Sales Rep Name	Supplier Sales Rep Phone	Vendor Fax #	Finance Representative Phone # <b>(877) 500-8080 Ext. 108</b>
Supplier Physical Address		Program ID #	Dealer #
Supplier City/State/Zip		Credit Decision Email Address	

## TRANSACTION INFORMATION

Term in Months	Monthly Payment	End of Term Options	Document Type	Advance Payments
		<input type="checkbox"/> \$1.00 Buyout <input type="checkbox"/> Rental <input type="checkbox"/> Other _____	<input type="checkbox"/> Lease Document <input type="checkbox"/> EFA/Loan Document	<input type="checkbox"/> 2 <input type="checkbox"/> Other \$ _____

## EQUIPMENT DETAIL

Equipment Description (Attach Separate Detail If Available)	<input type="checkbox"/> New <input type="checkbox"/> Used	Purpose/Justification <input type="checkbox"/> Replacement Equip. <input type="checkbox"/> Additional Equip.	Equipment Cost \$
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## CUSTOMER INFORMATION

Customer Company Name (Please Use EXACT Legal Registered Business Name)		DBA/Doing Business As	
Billing Address/ City, State, Zip		Physical Address Where Equipment Will Be Located	
What Does Your Business Do?		Contact E-Mail Address <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	
Legal Business Structure <input type="checkbox"/> Corp <input type="checkbox"/> Proprietorship <input type="checkbox"/> Municipality <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit	# Yrs in Business (present ownership)	Telephone Number	Website
# Employees	Company Net Worth	Annual Sales \$	Federal ID #

## PERSONAL INFORMATION ON OWNER(S), PARTNER(S) & GUARANTOR(S)

Name	Title	% Ownership	Soc. Sec. #
Home Address/ City, State, Zip		Date of Birth	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Title	% Ownership	Soc. Sec. #
Home Address/ City, State, Zip		Date of Birth	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No

## COMPANY BANK REFERENCES - TWO YEAR HISTORY

Name of Bank/Branch- City, State	Telephone Number	Checking Acct. #	Loan Acct. #
Name of Bank/Branch- City, State	Telephone Number	Checking Acct. #	Loan Acct. #

## ACKNOWLEDGEMENT AND AUTHORIZATION

We the undersigned individual as principal of and/or guarantor for the applicant hereby authorizes ProLease Capital Solutions, LLC, its designee, assigns or potential assigns, to investigate my/our credit worthiness and will provide financial statements, tax returns, etc., as you deem necessary. We will review the information carefully and get back to you promptly. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain that statement, please contact us within 60 days from the date that you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of your request for the statement. **IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. **What this means for you:** when you open an account, we will ask for your name, address, and other information that will allow us to identify you. We may also ask for a copy of your driver's license or other identifying documents.

SIGNATURE	PRINT NAME	DATE
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Customer may cut and retain for reference.

## YOUR RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please call ProLease Capital Solutions, LLC or its assigns, if any. Or, if you prefer, you may write ProLease Capital Solutions, LLC, Attn: Credit Compliance Department, 120 E. FM 544, Suite 72, PMB 341, Murphy, TX 75094 within 60 days from the date you are notified of the decision. We will send you a written statement of reasons for the denial within 30 days of receipt of your request.

**NOTICE:** The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.