

LJP Leasing Business Equipment Leasing

950 ISOM ROAD, #105 SAN ANTONIO, TEXAS 78216 (210) 340-1615 FAX (210) 344-0767
LEASE APPLICATION

Lessee's Legal Name _____

Employer Identification Number or Social Security Number (if Proprietorship) _____

Business Street Address _____ City _____ State _____ Zip Code _____

Business Mailing Address _____ City _____ State _____ Zip Code _____

Business Telephone _____ Type of Business _____

Type of Organization: _____ Corporation _____ Partnership _____ Proprietorship _____ Other _____

Length of time in business _____ Length of time at above location _____

Applicant's Present Bank _____

Bank Street Address _____ City _____ State _____ Zip Code _____

Bank Telephone _____ Name of Bank Officer _____

How long has applicant done business with this bank? _____

If less than two years, please give us your prior bank or financial reference.

Applicant's Prior Bank _____

Bank Street Address _____ City _____ State _____ Zip Code _____

Bank Telephone _____ Name of Bank Officer _____

Who is the principal or principals of this company? _____

Who will personally guarantee and sign the lease? _____

(AN INDIVIDUAL GUARANTOR WILL BE REQUIRED)

Guarantor's Street Address _____ City _____ State _____ Zip Code _____

Guarantor's Telephone _____ Guarantor's Social Security No. _____

Guarantor's Driver's license No. _____ From the State of: _____

Verified by Salesperson? _____

Person to Contact for information (other than Principals) _____

Telephone _____

TRADE REFERENCES

COMPANY NAME	ADDRESS	TELEPHONE NUMBER
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_____	_____	_____
_____	_____	_____

Equipment to be Leased _____ Amount of Lease Requested _____

Lease Term Requested: _____ 24 Months _____ 36 Months _____ 48 Months _____ 60 Months

PLEASE ATTACH: _____ VENDOR _____

1. SIGNED FINANCIAL STATEMENT (Both Balance Sheet and income Statement) _____ VENDOR'S TELEPHONE _____

SALESMAN _____

2. Brochure of Equipment to be leased.

The information provided on this application is for the purpose of obtaining credit and is warranted to be true. I hereby authorize the firm to whom this application is being made to investigate the references listed relating to this business' credit and financial responsibility. Furthermore, I authorize this firm to check my individual credit history in connection with a business transaction involving the company making this application.

Name and Title/Position (Please Print) Signature Date

I am a (check one): _____ Principal _____ Guarantor _____ Other