

ATM CREDIT APPLICATION

LESSEE INFORMATION

LESSEE FULL COMPANY NAME:	TIME IN BUSINESS:	TIME OWNED BUSINESS:
LESSEE FULL COMPANY ADDRESS:	CITY/STATE/ZIP:	
TELEPHONE #:	FAX #:	
TYPE OF BUSINESS:	TYPE OF OWNERSHIP (CHECK ONE):	
	<input type="checkbox"/> CORPORATION <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP	
LESSEE CONTACT:	FEDERAL TAX I.D.:	

BANK ACCOUNT INFORMATION

BANK #1 NAME:	CITY/STATE:	PHONE #:	TYPE OF ACCT.:	CONTACT:	ACCT. #:
BANK #2 NAME:	CITY/STATE:	PHONE #:	TYPE OF ACCT.:	CONTACT:	ACCT. #:

TRADE OR FINANCE REFERENCES

REE #1 NAME:	CITY/STATE:	PHONE #:	CONTACT:	ACCT. #:
REE #2 NAME:	CITY/STATE:	PHONE #:	CONTACT:	ACCT. #:
REE #3 NAME:	CITY/STATE:	PHONE #:	CONTACT:	ACCT. #:
REE #4 NAME:	CITY/STATE:	PHONE #:	CONTACT:	ACCT. #:

PERSONAL INFORMATION

OWNER #1 NAME:	D.O.B.:	SSN #:	HOME PHONE #:
RESIDENCE ADDRESS:	CITY/STATE:	ZIP CODE:	HOW LONG?
FORMER ADDRESS:	CITY/STATE:	ZIP CODE:	HOW LONG?
OWNER #2 NAME:	D.O.B.:	SSN #:	HOME PHONE #:
RESIDENCE ADDRESS:	CITY/STATE:	ZIP CODE:	HOW LONG?
FORMER ADDRESS:	CITY/STATE:	ZIP CODE:	HOW LONG?

VENDOR INFORMATION

VENDOR NAME:	ADDRESS:	CITY/STATE:	ZIP CODE:	RESALE #:
CONTACT:	PHONE #			
EQUIPMENT DESCRIPTION:	<input type="checkbox"/> NEW <input type="checkbox"/> USED			
EQUIPMENT LOCATION (IF DIFFERENT THAN LESSEE ADDRESS ABOVE):				
TERM:	TOTAL INVOICE WITHOUT TAX:			

CREDIT RELEASE:

I hereby authorize our banks, trade references, and financial institutions the right to release credit information to Lessor. I also understand that additional information may be requested by Lessor when I apply. Everything that I have stated in this application is correct and to the best of my knowledge. I agree to notify you of any material change(s) in my financial condition.

X _____ / _____
SIGNATURE DATE