INTERNET CREDIT APPLICATION Date_____

BROKER/LESSOR NAME: AMERILEASE CORP. PHONE: (800) 619-4532
FAX: (800) 259-6136

LESSEE FULL COMPANY NAME:	DATE ESTABLISHED UNDER CURRENT OWNERSHIP
LESSEE FULL COMPANY ADDRESS CITY STATE ZIP	TELEPHONE NO. ( ) FAX NO. ( )
TRADE STYLE OR NAME	FEDERAL TAX NO.
TYPE OF BUSINESS PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION ☐	LESSEE CONTACT:

BANK	CITY/STATE	PHONE NO.	TYPE ACCOUNT	CONTACT	ACCOUNT #
1.					
2.					

TRADE OR FINANCE REFERENCES	CITY/STATE	PHONE NO.	CONTACT	ACCOUNT #
1.				
2.				
3.				

PERSONAL INFORMATION (PRINCIPALS OR GUARANTORS)

	(1)	(2)	(3)
NAME			
STREET			
CITY, STATE, ZIP			
TELEPHONE NUMBER	( )	( )	( )
SOCIAL SECURITY NO.			
% OF OWNERSHIP			

SUPPLIER INFORMATION

SUPPLIER NAME	ADDRESS	CITY	STATE	ZIP
CONTACT	RESALE NO.	TELEPHONE NO. ( )		
EQUIPMENT DESCRIPTION NEW ☐ USED ☐	TERM	INVOICE TOTAL W/OUT TAX $		

CREDIT RELEASE

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to AmeriLease or its designee (and any assignee or potential assignee thereof) authoring review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit and additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.

X-_____ X-_____
(1) (2)

X-_____
(3)