

## **EQUIPMENT LEASE APPLICATION AVALON LEASING, INC.**

104 Cornerstone Place Woodstock, GA 30188 Phone: (888) 332-8007

Web:

www.avalonleasing.com

Emai

Email: credit@avalonleasing.com

Scan and return via email to credit@avalonleasing.com					
LEASING CUSTOMER INFORMATION					
LEGAL NAME OF COMPANY D/B/A (IF APPLICABLE)			PHON	E# ( )	
CONTACT AND TITLE			FAX#	( )	
STREET ADDRESS CITY STATE ZIP CODE					
SELECT ONE:  CORPORATION PARTNERSHIP NON-PROFIT ORG.		NATURE OF BUSINESS			
FEDERAL ID#	YEARS IN BUSINESS	EMAIL:			
LEASE TERMS					
LEASE TERMS DESIRED	LEASE TERM, COST OF ASE TERMS DESIRED EQUIPMENT		PAYMENT OPTION AT END		
AND PAYMENT	-	\$		☐ TRUE \$1.00	
	Þ	Ψ		LEASE	
PERSONAL INFORMATION ON 20% + SHAREHOLDERS, OFFICERS, PARTNERS, OR GUARANTORS					
NAME	TITLE		OWNERSHIP %	SOCIAL SECURITY #	
STREET ADDRESS CITY STATE ZIP CODE					
NAME	TITLE		OWNERSHIP %	SOCIAL SECURITY #	
STREET ADDRESS CITY STATE ZIP CODE					
CORPORATE CREDIT INFORMATION					
COMPANY BANK PHON	NE # )	ACCT#		BANK OFFICER OR CONTACT	
ATTACH 3 MONTHS BANK STATEMENTS IF AVAILABLE					
VENDOR/DEALER INFORMATION					
VENDOR NAME	CONTACT PERSON	N		PHONE ( ) CELL ( )	
STREET ADDRESS	CITY		STATE ZIP	E-MAIL	
ADDITIONAL INFORMATION:					
CUCTOMED AUTHORY ATION					
CUSTOMER AUTHORIZATION  BY PROVIDING THE ABOVE INFORMATION I/WE AUTHORIZE YOU OR YOUR AGENTS TO INVESTIGAGE MY/OUR FINANCIAL RESPONSIBILITY AND CREDIT-					
WORTHINESS. I/WE AUTHORIZE YOU TO UPDATE MY/OUR CREDIT PROFIT AS DEEMED APPROPRIATE. WE AUTHORIZE THE RELEASE OF BANK, SUPPLIER, AND PERSONAL CREDIT INFORMATION TO AVALON LEASING, INC AND/OR THEIR AGENTS. THE INFORMATION PROVIDED IS TRUE AND ACCURATE TO THE BEST OF APPLICANT'S KNOWLEDGE.					
SIGN HERE $old X$ DATE $old X$					