

Business Credit Application

Vehicle & Equipment Lease/Finance Request

(Please complete all information requested to avoid delays in processing)
FAX Completed Form To: 281-355-9513 | For assistance, please call 281-355-9500

THIS DOCUMENT IS INTENDED TO BE COMPLETED ON YOUR COMPUTER USING THE ADOBE READER, [click here](#) to download Adobe Reader

Business Information

Entity Type: Date Incorporated: State Incorporated:

Company Name: Name/DBA:

Years in Business: Tax ID Number: Business Type:

Phone: Fax: Website:

Address: City: State:

Zip Code: County: Years at The Address:

Company Officers / Partners / Principals

Name	Title	# Years	% Owned	Home Address, City, ST, Zip	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Banking Information

Bank Name Account Number Average Daily Balance Contact Phone Date Opened

Address: City: State: Zip Code:

Credit Line Amount: Amount Drawn: Amount Withstanding: Acct #:

Loan and Trade (Comparable Debts)

Firm Name	High Credit	Contact	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Guarantor Information

Please complete this section in detail only if 1) Leaseure Corporation requested one or more guarantors or 2) Your company has been in business less than two years or 3) Your company is a sole-proprietorship or partnership. Note: One or more grantor's may be required as a condition of final credit approval.

As an additional measure of privacy and security, an individual guarantor may complete this section independently of other guarantors and fax this form directly to Leaseure at 281-355-9513. Please reference the company name on the credit application, on the fax cover sheet.

Name:	<input type="text"/>	SSN	<input type="text"/>	Date of Birth (MMDDYYYY)	<input type="text"/>		
Address:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Five Years Employment History Required	Home Phone	<input type="text"/>	DL#:	<input type="text"/>	DL State	<input type="text"/>	
Current Employer	<input type="text"/>	Annual Income	<input type="text"/>	Phone#	<input type="text"/>	#YRS	<input type="text"/>
Previous Employer	<input type="text"/>	Annual Income	<input type="text"/>	Phone#	<input type="text"/>	#YRS	<input type="text"/>
<i>I authorize Leaseure Corporation and/or Leaseure Corporation assigned lending partners to check my credit and to provide and/or obtain information about my credit experience with me.</i>		Signature:			Date:		

Name:	<input type="text"/>	SSN	<input type="text"/>	Date of Birth (MMDDYYYY)	<input type="text"/>		
Address:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Five Years Employment History Required	Home Phone	<input type="text"/>	DL#:	<input type="text"/>	DL State	<input type="text"/>	
Current Employer	<input type="text"/>	Annual Income	<input type="text"/>	Phone#	<input type="text"/>	#YRS	<input type="text"/>
Previous Employer	<input type="text"/>	Annual Income	<input type="text"/>	Phone#	<input type="text"/>	#YRS	<input type="text"/>
<i>I authorize Leaseure Corporation and/or Leaseure Corporation assigned lending partners to check my credit and to provide and/or obtain information about my credit experience with me.</i>		Signature:			Date:		

Name:	<input type="text"/>	SSN	<input type="text"/>	Date of Birth (MMDDYYYY)	<input type="text"/>		
Address:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Five Years Employment History Required	Home Phone	<input type="text"/>	DL#:	<input type="text"/>	DL State	<input type="text"/>	
Current Employer	<input type="text"/>	Annual Income	<input type="text"/>	Phone#	<input type="text"/>	#YRS	<input type="text"/>
Previous Employer	<input type="text"/>	Annual Income	<input type="text"/>	Phone#	<input type="text"/>	#YRS	<input type="text"/>
<i>I authorize Leaseure Corporation and/or Leaseure Corporation assigned lending partners to check my credit and to provide and/or obtain information about my credit experience with me.</i>		Signature:			Date:		

Vehicle Insurance Information

Insuring Company: Agent Name: Phone Number:

Additional Information and Authorization

Please identify all documentation submitted with this application by clicking on the appropriate button.
Please call 281-355-9500 for assistance

Company Financial Statements	
OR	Current Year Interim Financials: <input type="radio"/>
	OR Current Year Financials: <input type="radio"/> Current Year Financials (audited): <input type="radio"/>
	OR Previous Year Financials: <input type="radio"/> Previous Year Financials (audited): <input type="radio"/>
	OR Previous Year Financials: <input type="radio"/> Previous Year Financials (audited): <input type="radio"/>
Company Federal Tax Returns (not-required if audited financials are provided)	
and	Previous Year Federal 1040 & documentation: <input type="radio"/> 2nd Previous Year Federal 1040 & documentation: <input type="radio"/>
Guarantor Financial Statements & Federal Tax Returns (not-required unless specifically requested)	
and	Previous Year Federal 1040 & documentation: <input type="radio"/> 2nd Previous Year Federal 1040 & documentation: <input type="radio"/>

For the purpose of securing credit from you, I certify that above information is true and accurate to the best of my knowledge. I authorize Leaseure Corporation and/or Leaseure Corporation assigned lending partners to verify the provided information and check credit in connection with the information provided.

Signature _____ Title _____ Date _____



Date of Application: