INNOVATIVE Lease Services, Inc.®

Equipment Lease Application

ABOUT YOUR BUSINESS

LESSEE (EXACT LEGAL NAME)		DBA		
STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NO. ( )
LOCATION OF EQUIPMENT	CITY	STATE	ZIP	FAX NO. ( )
TYPE OF BUSINESS	GROSS ANNUAL SALES	YEARS IN BUSINESS	YEAR UNDER CURRENT OWNER	FEDERAL TAX ID NO. (IF ANY)
☐ PROPRIETORSHIP	☐ CORPORATION	☐ PARTNERSHIP	☐ LLC	STATE OF INCORPORATION
YOUR WEBSITE ADDRESS		CONTACT EMAIL ADDRESS		COUNTY WHERE EQUIP LOCATED

YOUR BUSINESS OWNERSHIP

PRINCIPAL #1 NAME	TITLE	% OWNERSHIP	YRS OF INDUSTRY EXPERIENCE	SOCIAL SECURITY NO. - -
STREET ADDRESS	CITY	STATE	ZIP	HOME TELEPHONE NO. ( )
PERSONAL ANNUAL GROSS INCOME (Not including spouse)	Home Owner ?			
PRINCIPAL #2 NAME	TITLE	% OWNERSHIP	YRS OF INDUSTRY EXPERIENCE	SOCIAL SECURITY NO. - -
STREET ADDRESS	CITY	STATE	ZIP	HOME TELEPHONE NO. ( )
PERSONAL ANNUAL GROSS INCOME (Not including spouse)	Home Owner?			

YOUR BUSINESS BANK

BANK NAME	CONTACT NAME	CITY	CURRENT CHECKING BALANCE	TELEPHONE NO. ( )
ACCOUNT UNDER NAME OF	CHECKING ACCOUNT NO.	SAVINGS ACCOUNT NO.	LOAN NO.	

EQUIPMENT DETAIL

ITEM DESCRIPTION	COST	DELIVERY DATE NEEDED

DESIRED TERMS

LEASE TERM IN MONTHS

☐ 24 ☐ 36 ☐ 48 ☐ 60

EQUIPMENT DEALER

DEALER NAME

PHONE NUMBER CONTACT

DEALER EMAIL

The undersigned individual who is either a principal, a personal guarantor or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes Innovative Lease Services, Inc. or its designee the use of a consumer credit report on the undersigned, from time to time as may be needed. Additionally, this authorization include release of any bank and/or trade information to Innovative Lease.

X _____ _____

AUTHORIZED SIGNATURE **DATE**

ADDITIONAL INFORMATION

If the business has been in operation under present ownership for less than two years, or equipment cost exceeds $75,000 please provide:
*Financial Statements or Tax Returns on Company for most recent two years and most recent Interim Financial Statement.

Please include an itemized quote, if available.

Fax completed application to:

ATTN: Robert Esquivel

FAX: (760) 438-2046

TEL : (800) 438-1470

ECOA NOTICE: If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Credit Administrator, (800) 438-1470 within 60 days from the date you are notified of our decision. We will send you a written statement within 30 days of receiving your request. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580