

CUSTOMER INFORMATION

Customer (Full Legal Name)	Tel No.	Fax No.	
Trade Style/DBA	Nature of Business		
Headquarters Address	City	State	Zip Code
Address for this Equipment	City	State	Zip Code
How long in business?	Estimated Installation Date:	Contact:	
Check ONE: <input type="checkbox"/> Corporation Date of Inc. _____ State of Inc. _____ <input type="checkbox"/> Not for Profit Date of Inc. _____ State of Inc. _____ <input type="checkbox"/> Proprietorship <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> State or Local Govt. <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Parent Company <input type="checkbox"/> Guarantor Name: _____ Address: _____ City, State, Zip: _____		

OFFICER/PRINCIPAL/OWNER

Officer/Principal/Owner	Title	SS#
Complete Home Address	City/State/Zip	
Officer/Principal/Owner	Title	SS#
Complete Home Address	City/State/Zip	

BANK INFORMATION

Bank Name	Contact Name	Phone #	Fax #
Account Type	Account Number	Year Opened	

TRADE REFERENCES

Company	Contact Name	Phone #	Fax#	No. Years
Company	Contact Name	Phone #	Fax#	No. Years

EQUIPMENT (Check One)

New Used Describe Equipment:

LEASE STRUCTURE

Lease Type:	<input type="checkbox"/> \$1 Purchase Option	<input type="checkbox"/> % Purchase Option ____%	<input type="checkbox"/> FMV Purchase Option
Lease Term (Check One):	<input type="checkbox"/> 24	<input type="checkbox"/> 36	<input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other (Please attach description)
Lease Rate Factor _____	Rental Amount \$ _____	Number of Advance Rentals:	<input type="checkbox"/> 2 <input type="checkbox"/> Other _____
Equipment Dealer _____	Equipment/Installation/Shipping Costs	\$ _____	
PHONE _____	Other	\$ _____	
FAX _____	Sales Tax	\$ _____	
SALES REP NAME _____	TOTAL	\$ _____	

By signing below, the undersigned, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Sterling National Bank or it's designees (and any assignee or potential assignee thereof) authorizing 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 purpose of update, renewal or extension of such credit or 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 signing below I/we affirm my/our identity as the respective individuals/s identified in the above application. We hereby authorize the release of information requested by Sterling Bank Leasing regarding our bank and trade relationships.

By: _____ Title: _____ Date: _____
 By: _____ By: _____ Date: _____
 Guarantor/Principal Guarantor/Principal