

CREDIT APPLICATION

Please complete this form as thoroughly as possible and email to sales@modernstoreequipment.com or fax a printed copy to 609-298-2384.

EQUIPMENT BEING LEASED (include quantity, make, model, serial number and accessories)

CHECK HERE IF EQUIPMENT IS USED: ☐

Equipment Location (if different than below.)

Street

City

County

State

Zip

LESSEE INFORMATION

MAY WE CONTACT LESSEE IF ADDITIONAL INFORMATION IS NEEDED? ☐ YES ☐ NO

Full Legal Business Name:

Contact Name

Address:

Street

City

County

State

Zip

E-Mail:

Web Address:

No. of Employees:

Phone:

Fax:

Federal Tax ID #:

Years in Business:

Nature of Business:

Years of Ownership:

State of Incorporation/Organization:

Business Type: ☐ Corp.

☐ Limited Liability Corp.

☐ Partnership

☐ Proprietorship

OWNERS, PARTNERS OR GUARANTORS

1) Name: Title: SS#:

Home Address: Home Phone:

2) Name: Title: SS#:

Home Address: Home Phone:

BANK INFORMATION

Name of Bank: Bank Officer:

Phone: Deposit/Check Acct #: Loan Acct. #:

Name of Bank: Bank Officer:

Phone: Deposit/Check Acct #: Loan Acct. #:

TRADE REFERENCE

Name of Supplier: Contact:

Address: Phone:

VENDOR INFORMATION

DEALER GROUP CODE:

Name: Contact:

Address:

Street

City

County

State

Zip

Phone: Fax: E-Mail:

The person(s) supplying the above information certifies to the lessor identified above that it is true and correct. The Owners/Partners/Guarantors recognize that their individual credit histories may be a factor in the evaluation of the lease applicant and, thus, authorize the lessor(s) or its assignee or its designee to investigate their personal credit status. This includes obtaining and using their consumer credit reports from time to time in the credit evaluation and collection processes, as well as to offer future credit products or services.

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