



(800) 965-3844 • (718) 769-2886 (718) 615-2954 INFINITELEASING.COM 1518 AVE Z. BROOKLYN, NY 11235

BUSINESS INFORMATION

Business Name

Business Phone #

Website

Tax ID #

Years Established

Gross Annual Revenue

Nature of Business

Business Address

City

State

Zip

OFFICERS

First Name

Last Name

Position

% Own

Social Security #

Date of Birth

Gross Annual Income

Home Address

City

State

Zip

Home Phone #

Residence

How long at address? (Years / Months)

Monthly Payment

E-mail

Employer Name

Business Address

State

Zip

Occupation

Employers Phone #

How Long at Job? (Years / Months)

Gross Annual Income

Other Income

REFERENCES

Full Name

Address

Phone #

Full Name

Address

Phone #

Full Name

Address

Phone #



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SECTION A - APPLICANT

P E R S O N A L I N F O	First Name: _____ Last Name: _____ Middle Initial: _____
	Social Security #: _____ - _____ - _____ Date of Birth: _____
	Home Address: _____
	City: _____ State: _____ Zip: _____ How Long? ____ Yrs ____ Mon
	Home Phone #: _____ Cell Phone #: _____
	Email: _____
	Residence (Rent, Own, Mortgage, Other) : _____ Monthly Payment: \$ _____
Previous Address (if less than 2 years at current): _____	

E M P L O Y M E N T	Employer Name: _____ Occupation: _____
	Business Address: _____
	Employer's Phone #: _____ How Long? ____ Yrs ____ Mon
	Gross Annual Income: \$ _____ Other Income: _____

SECTION B - CO-APPLICANT

P E R S O N A L I N F O	First Name: _____ Last Name: _____ Middle Initial: _____
	Social Security #: _____ - _____ - _____ Date of Birth: _____
	Home Address: _____
	City: _____ State: _____ Zip: _____ How Long? ____ Yrs ____ Mon
	Home Phone #: _____ Cell Phone #: _____
	Email: _____
	Residence (Rent, Own, Mortgage, Other) : _____ Monthly Payment: \$ _____
Previous Address (if less than 2 years at current): _____	

E M P L O Y M E N T	Employer Name: _____ Occupation: _____
	Business Address: _____
	Employer's Phone #: _____ How Long? ____ Yrs ____ Mon
	Gross Annual Income: \$ _____ Other Income: _____

X: _____
Sign (Applicant)

X: _____
Sign (Co-Applicant)

X: _____
Date