

LEASE APPLICATION



LESSEE

FULL LEGAL NAME (BUSINESS ENTITY)			
BILLING ADDRESS			
CITY	COUNTY	STATE	ZIP
EQUIPMENT LOCATION			
CITY	COUNTY	STATE	ZIP
CONTACT NAME			
CONTACT PHONE (AREA CODE)		FAX NUMBER	
EMAIL ADDRESS		WEBSITE	

VENDOR

NAME	
WORLDGELATO.COM, INC.	
ADDRESS	
35 TRADE ZONE COURT	
CITY	COUNTY STATE ZIP
RONKONKOMA, NY 11779	
PHONE	FAX
1-877-2GELATO	
SALES PERSON	
EMAIL ADDRESS	WEBSITE
support@worldofgelato.com	www.worldofgelato.com

LEASE TERMS

TERM	LEASE END
MONTHLY RENT \$	ADVANCED RENT \$

EQUIPMENT

DESCRIPTION	COST
	\$ _____
APPROX. DATE OF DELIVERY: _____ EQUIPMENT: NEW _____ USED _____	

CREDIT INFORMATION

TYPE OF BUSINESS	FEDERAL TAX ID #	DATE ESTABLISHED	YEARS UNDER PRESENT CONTROL
BUSINESS STRUCTURE C-Corp S-Corp Proprietorship Partnership LLP LLC Not for Profit			
PRIMARY BANK	ADDRESS (CITY, STATE)	PHONE NUMBER (AREA CODE)	
CHECKING ACCOUNT NUMBER	COMMERCIAL OR INSTALLMENT LOAN ACCT. NO.	BANK OFFICER	
SECONDARY BANK	ADDRESS (CITY, STATE)	PHONE NUMBER (AREA CODE)	
CHECKING ACCOUNT NUMBER	COMMERCIAL OR INSTALLMENT LOAN ACCT. NO.	BANK OFFICER	
TRADE REFERENCE/ACCOUNT#	CONTACT NAME	PHONE	
TRADE REFERENCE/ACCOUNT#	CONTACT NAME	PHONE	

PERSONAL CREDIT INFORMATION

PRINCIPLE NAME	TITLE	% OWNED	HOME ADDRESS	SS#
PRINCIPLE NAME	TITLE	% OWNED	HOME ADDRESS	SS#
PRINCIPLE NAME	TITLE	% OWNED	HOME ADDRESS	SS#

RELEASE AUTHORIZATION

I/We as principal and/or guarantor of this company authorize(s) _____ and/or it's designee(s) to review my/our personal credit profile provided by national credit bureaus in considering this application and for the purpose of update, renewal or extension of credit to this applicant or the collection of any resultant accounts. Furthermore, I/we authorize _____ and/or it's designee(s) to obtain credit information on our business by telephone or facsimile from whatever source it deems necessary, including but not limited to our bank and trades.

I/We understand that ANY information obtained will be treated confidentially. It will be used only in assisting _____ and/or it's designee(s) in securing lease financing.

A photo-copy of this authorization can be accepted as an original.

Company Name: _____

Signature: _____	Signature: _____
Name: _____	Name: _____
Title: _____	Title: _____
Date: _____	Date: _____