



# Lease Application

485 E. 17th Street #300 ■ Costa Mesa, CA 92627 ■ (949) 574-9076 ■ fax (949) 645-9163

### Transaction Detail

Term (24 - 60 months) \_\_\_\_\_ Finance Amount \_\_\_\_\_ Cap Adv Rep \_\_\_\_\_

### Customer Information

Legal Company Name \_\_\_\_\_ Fed ID \_\_\_\_\_ **Years in Business**  
 dba \_\_\_\_\_ (under current ownership)  
 Street Address \_\_\_\_\_ **Years** \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ **Months** \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Email \_\_\_\_\_ Fax \_\_\_\_\_ DUNS# \_\_\_\_\_

### Company Structure

Sole Proprietor \_\_\_\_\_ C-Corporation \_\_\_\_\_ Non-Profit \_\_\_\_\_ Municipal \_\_\_\_\_  
 Partnership \_\_\_\_\_ S-Corporation \_\_\_\_\_ LLC \_\_\_\_\_ Other \_\_\_\_\_

### Bank Reference(s)

1) Name _____	2) Name _____
Acct No. _____	Acct No. _____
Phone _____	Phone _____
Contact _____	Contact _____

### Personal Information

*(guarantors for closely held businesses REQUIRES signature below)*

1) Name _____	Title _____
Home Address _____	% Owner _____
City, State, Zip _____	SSN _____
2) Name _____	Title _____
Home Address _____	% Owner _____
City, State, Zip _____	SSN _____

The undersigned certifies that the information given for credit purposes is true and correct; authorizes Capital Advance Leasing, Inc., its designee, assigns and any credit bureau or other investigative Agency to investigate the references, statements and other information accompanying this application; and, expressly authorizes that bank and trade references listed above to release credit and information requested for considering applicant and subsequently for the purposes of update, renewal, or extension of such credit or additional credit as part of said investigation

1) <b>Signature X</b> _____	2) <b>Signature X</b> _____
Date _____	Date _____

### Trade References

*(REQUIRED for applications over \$35,000)*

1) Supplier _____	2) Supplier _____
Acct No. _____	Acct No. _____
Phone _____	Phone _____
Contact _____	Contact _____

### Past Lease / Loan References

*(REQUIRED on all applications over \$50,000)*

1) Lender _____	2) Lender _____
Acct No. _____	Acct No. _____
Phone _____	Phone _____
Contact _____	Contact _____

### Declaration

*(REQUIRED to process application)*

As an authorized signor I permit all deposit, borrowing, and trade information to be released to Lessor for review. I attest all above information is true, correct, and complete.

<b>Signature X</b> _____	Date _____
Print Name _____	Title _____

Any facsimile of this authorization shall be valid as the original. Lessor adheres to all regulations under the Federal Equal Opportunity Act during credit evaluation. If the application has been denied and you require written explanation, please remit a written request to Capital Advance Leasing, Inc. within 60 days of submission, and a statement will be sent to you within 30 days

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