



**Equipment Lease Application**

**Legal Name of Company:** \_\_\_\_\_  
*(As listed in the Articles of Incorporation)*

**Registered Trade Name:** \_\_\_\_\_  
*(D.B.A. if different from legal name)*

**Corporate Headquarters:**  
**Street Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Primary Contact regarding this Application:** \_\_\_\_\_

**Business Telephone:** (\_\_\_\_) \_\_\_\_\_ **Business Fax:** (\_\_\_\_) \_\_\_\_\_

**Web Address:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Years in Business:** \_\_\_\_\_

**Is Business a:** Corporation \_\_\_ Partnership \_\_\_ LLC \_\_\_ Individual \_\_\_ Other \_\_\_

**Date and State Business Established or Incorporated:** \_\_\_\_\_

**Type of Business?**

**Manufacturer:** \_\_\_ **Wholesaler:** \_\_\_ **Distributor:** \_\_\_ **Service:** \_\_\_ **Other:** \_\_\_

**Describe Business:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If business has more than one office, list all additional offices or provide attachment with address phone and contact name:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Equipment purchase description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Bank References

### TAX INFORMATION

**Federal Tax ID:** \_\_\_\_\_

Any Federal or State taxes past due? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, have any liens been files?

Yes \_\_\_\_\_ No \_\_\_\_\_ Any levies filed? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please provide details:

\_\_\_\_\_

### PRINCIPALS OF BUSINESS

1.) Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Owned \_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

2.) Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Owned \_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

3.) Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Owned \_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

4.) Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Owned \_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Have any of the Principals of this Business ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain (Attach a separate sheet if necessary) \_\_\_\_\_

Is there litigation pending against this business or the principals? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, please explain (Attach a separate sheet if necessary) \_\_\_\_\_

**BUSINESS CHECKING ACCOUNT**

Name of Bank \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Account Number \_\_\_\_\_ ABA Number: \_\_\_\_\_

**BUSINESS LOANS**

Financial Institution: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Web Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Date Opened: \_\_\_\_\_  
What was pledged as security for loan? \_\_\_\_\_  
Is there a UCC Filed? Yes: \_\_\_\_ No: \_\_\_\_ if yes, in what state and what is covered?  
\_\_\_\_\_  
\_\_\_\_\_

Are assets of company pledged to any other financial institution or individual as security?  
Yes: \_\_\_\_ No: \_\_\_\_ If yes, to whom: \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, as principal and Owner, do give my permissions to NowFinancing.com or its agents to secure credit information as necessary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax the application to:

NowFinancing.com  
A Division of Creative Business Planning Incorporated  
P O Box 2365  
Livingston, NJ 07030  
Telephone # 973-736-2535  
Fax # 973-736-1839  
CashFlow@NowFinancing.com