



# FAX

Please fax completed application to  
**360-738-3530**

To: POSGuys.com - Equipment Leasing Application Fax: 360-738-3530

From: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## Notes:

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Sales Rep: \_\_\_\_\_

Equipment Interested In Leasing: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

# National POSGuys.com

WE SUPPORT WHAT WE SELL

Equipment Leasing Corporation

Fax Completed Application To  
360-738-3530

## Credit Application

Federal Tax ID# \_\_\_\_\_

### LEGAL BUSINESS NAME

Doing Business As "DBA" \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

TELEPHONE #'S

main \_\_\_\_\_

Fax \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

Direct ph# \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

cell ph# \_\_\_\_\_

Date Business Started \_\_\_\_\_

# years under current owner(s) \_\_\_\_\_

State Business formed in \_\_\_\_\_

# Employees \_\_\_\_\_

Full Time \_\_\_\_\_

Part Time \_\_\_\_\_

Type of business \_\_\_\_\_

S Corp, C Corp, Partnership, LLC, Proprietor, or P.C.

### DESCRIPTION OF BUSINESS

### EQUIPMENT TYPE & COST

Equipment location if different \_\_\_\_\_

Describe Use Of Equipment \_\_\_\_\_

Desired Term & Buy-out \_\_\_\_\_

VENDOR Name, Contact & Ph# POSGuys.com 800.903.6571

### PROFESSIONAL RELATIONSHIPS

Bank Name \_\_\_\_\_

Contact/PH# \_\_\_\_\_

Main cking # \_\_\_\_\_

Loan # \_\_\_\_\_

Term Loan # \_\_\_\_\_

4th Acct # \_\_\_\_\_

To expedite credit, submit with application most recent top page of 3 months bank statements showing balances

INSURANCE AGENT \_\_\_\_\_

Contact/PH# \_\_\_\_\_

ACCOUNTANT \_\_\_\_\_

Contact/PH# \_\_\_\_\_

### SIGNING OFFICER

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

TITLE \_\_\_\_\_

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

SS# \_\_\_\_\_

Home Phone# \_\_\_\_\_

2nd Ph # \_\_\_\_\_

% Business Ownership \_\_\_\_\_

### ADDITIONAL OFFICER

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

TITLE \_\_\_\_\_

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

SS# \_\_\_\_\_

Home Phone# \_\_\_\_\_

2nd Ph # \_\_\_\_\_

% Business Ownership \_\_\_\_\_

### ADDITIONAL OFFICER

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

TITLE \_\_\_\_\_

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

SS# \_\_\_\_\_

Home Phone# \_\_\_\_\_

2nd Ph # \_\_\_\_\_

% Business Ownership \_\_\_\_\_

I authorize the expeditious release of all business & personal credit, deposit and borrowing information to National Equipment Leasing, its designee & assignee. A facsimile of such authorization to be treated as an original.

X \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

PLEASE SIGN NEAR THE "X" AND PRINT NAME HERE >>>