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**FAX TO: 443-796-7200**

# MADISON CAPITAL

EQUIPMENT & VEHICLE LEASING

DATE:

## LEASE CREDIT APPLICATION

NAME OF ORGANIZATION:		COUNTY WHERE PROPERTY WILL BE LOCATED:		
ADDRESS:		CITY:	STATE:	ZIP:
PHONE:	DATE ESTABLISHED:	# OF CLIENTS SERVED:	INCORPORATED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
WHERE DOES FUNDING FOR THE ORGANIZATION ORIGINATE?		% GOVERNMENT SUPPORT	# OF EMPLOYEES:	
CURRENT YEAR BUDGET:	NEXT YEAR BUDGET:	STATE OF INCORP:	GEOGRAPHIC TERRITORY:	
PERSON AUTHORIZED TO SIGN LEASE DOCUMENTS:		POSITION:	\$ AUTHORITY:	
ANY RESTRICTIONS WITH REGARD TO LEASING?				
IS LEASE SUBJECT TO ANNUAL APPROPRIATIONS?				
AT WHAT \$ LEVEL ARE YOU SUBJECT TO A BOARD OF DIRECTORS IN THE DECISION MAKING PROCESS?				
CONTACT PERSON:	PHONE:	FAX:	EMAIL:	

### BANK REFERENCE

NAME OF BANK:	PHONE:	PERSON TO CONTACT:
CHECKING ACCT #	SAVINGS ACCT #	LOAN ACCT:
NAME OF BANK:	PHONE:	PERSON TO CONTACT:
CHECKING ACCT #	SAVINGS ACCT #	LOAN ACCT:

### TRADE REFERENCE

NAME OF COMPANY:	ACCOUNT #	PHONE:	
NAME OF COMPANY:	ACCOUNT #	PHONE:	
NAME OF COMPANY:	ACCOUNT #	PHONE:	
CURRENT LEASE OBLIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF CO OR BANK:	PHONE:	ACCOUNT:
DO YOU RENT YOUR OFFICE SPACE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF LANDLORD:	PHONE:	

### INSURANCE INFORMATION

NAME OF INSURANCE AGENT:	PHONE:		
ADDRESS:	CITY:	STATE:	ZIP:

### EQUIPMENT / VEHICLE VENDOR INFORMATION

NAME:	CONTACT PERSON:		
ADDRESS:	PHONE:		
QTY	NEW/USED	EQUIPMENT/VEHICLE TO BE LEASED	PRICE WITHOUT TAX
DESIRED TERM: <input type="checkbox"/> 12 MONTHS <input type="checkbox"/> 24 MONTHS <input type="checkbox"/> 36 MONTHS <input type="checkbox"/> 48 MONTHS <input type="checkbox"/> 60 MONTHS			RESIDUAL <input type="checkbox"/> NO RESIDUAL <input type="checkbox"/>

### CREDIT LINE INFORMATION

YES, I AM INTERESTED IN AN ADDITIONAL LINE OF CREDIT OF:  \$25,000  \$50,000  \$100,000  \$ \_\_\_\_\_

### RELEASE

TO WHOM IT MAY CONCERN:

THIS WILL BE YOUR AUTHORITY AND MY REQUEST FOR YOU TO RELEASE TO MADISON CAPITAL, LLC AND/OR ITS ASSIGNEES, ANY INFORMATION THEY MAY REQUEST CONCERNING CREDIT STANDING WITH YOUR COMPANY AND/OR MONEY ON DEPOSIT. I HEREBY FURTHER AUTHORIZE MADISON CAPITAL, LLC AND/OR ITS ASSIGNEES, TO OBTAIN ANY AVAILABLE PERSONAL CREDIT BUREAU REPORTS, AS WELL AS BANK AND TRADE REFERENCES, AND UTILIZE PHOTOCOPIES OF THIS RELEASE IN CONJUNCTION WITH THE CREDIT APPLICATION PROCESS.

FOR ( COMPANY NAME): \_\_\_\_\_

BY (NAME OF OFFICER): \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_