

FAX TO: 443-796-7200

DATE:

LEASE CREDIT APPLICATION

FIRM NAME:				COUNTY WHERE PROPERTY WILL BE LOCATED:			
ADDRESS:				CITY:		STATE:	ZIP:
PHONE:		DATE ESTABLISHED:	NATURE OF BUSINESS:		<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORP <input type="checkbox"/> LLC		
PRINCIPALS NAME:			POSITION:	% OF OWNERSHIP:		HOME PHONE:	
HOME ADDRESS:				CITY:		STATE:	ZIP:
<input type="checkbox"/> OWNS: <input type="checkbox"/> RENTS:	HOW LONG?	SOCIAL SEC. #		BIRTH DATE:		NAME OF SPOUSE:	
PREVIOUS ADDRESS (IF CURRENT ADDRESS IS LESS THAN 2 YEARS):							
PRINCIPALS NAME:			POSITION:	% OF OWNERSHIP:		HOME PHONE:	
ADDRESS:				CITY:		STATE:	ZIP:
<input type="checkbox"/> OWNS: <input type="checkbox"/> RENTS:	HOW LONG?	SOCIAL SEC. #		BIRTH DATE:		NAME OF SPOUSE:	
PREVIOUS ADDRESS (IF CURRENT ADDRESS IS LESS THAN 2 YEARS):							
EMAIL ADDRESS:				FED ID#		STATE OF INCORPORATION:	
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:		NAME OF CO OR BANK:			PHONE:		ACCOUNT:
DO YOU RENT YOUR OFFICE SPACE?		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			TERM DESIRED	PRICE WITHOUT TAX	
						\$	
EQUIPMENT CREDIT LINE INFORMATION							
<input type="checkbox"/> YES, I AM INTERESTED IN AN ADDITIONAL LINE OF CREDIT FOR EQUIPMENT OF: <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$							
RELEASE							
TO WHOM IT MAY CONCERN: THIS WILL BE YOUR AUTHORITY AND MY REQUEST FOR YOU TO RELEASE TO MADISON CAPITAL, LLC ANY INFORMATION THEY MAY REQUEST CONCERNING CREDIT STANDING WITH YOUR COMPANY AND/OR MONEY ON DEPOSIT. I HEREBY FURTHER AUTHORIZE MADISON CAPITAL, LLC TO OBTAIN ANY AVAILABLE PERSONAL CREDIT BUREAU REPORTS AND UTILIZE PHOTOCOPIES OF THIS RELEASE IN CONJUNCTION WITH THE LEASE APPLICATION PROCESS.							
FOR (COMPANY NAME): _____							
BY (NAME OF OFFICER): _____ TITLE: _____							
SIGNATURE: _____ DATE: _____							