



11433 CRONRIDGE DRIVE, SUITE F, OWINGS MILLS, MD 21117
 443.796.7333 • 800.733.5529 • FAX 443.796.7200

FAX TO: 443.796.7200

LEASE CREDIT APPLICATION

DATE: _____

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 VENDOR INFORMATION							
NAME:				CONTACT PERSON:			
ADDRESS:					PHONE:		
QTY	NEW/USED	EQUIPMENT TO BE LEASED			TERM DESIRED	PRICE WITHOUT TAX	
						\$	
CREDIT LINE INFORMATION							
<input type="checkbox"/> YES, I AM INTERESTED IN AN ADDITIONAL LINE OF CREDIT 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 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: _____							