

11433 CRONRIDGE DRIVE, SUITE F  
 OWINGS MILLS, MD 21117  
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**FAX TO: TOM MYERS 443-213-1592**  
**or EMAIL TO: tmyers@madisoncapital.com**



**MADISON CAPITAL**  
 EQUIPMENT & VEHICLE FINANCING

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:	
<b>BANK REFERENCE</b>									
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:		
<b>CREDIT REFERENCE</b>									
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:			
<b>INSURANCE INFORMATION</b>									
NAME OF INSURANCE AGENT:						PHONE:			
ADDRESS:				CITY:		STATE:		ZIP:	
<b>EQUIPMENT VENDOR INFORMATION</b>									
NAME:					CONTACT PERSON:				
ADDRESS:						PHONE:			
QTY	NEW/USED	EQUIPMENT 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"/>			
<b>RELEASE</b>									
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 PERSONAL CREDIT BUREAU REPORTS (IF APPLICABLE) AND UTILIZE PHOTOCOPIES OF THIS RELEASE IN CONJUNCTION WITH THE LEASE APPLICATION PROCESS.									
FOR ( COMPANY NAME): _____									
BY (NAME OF OFFICER): _____						TITLE: _____			
SIGNATURE: _____						DATE: _____			