



**LEASE APPLICATION
PLEASE TYPE OR PRINT**

PHONE 800-748-5125
FAX 801-565-0627

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LESSEE

NAME OF COMPANY		DBA NAME		DATE BUSINESS ESTABLISHED
BILLING ADDRESS		CITY	STATE	ZIP
EQUIPMENT LOCATION ADDRESS		CITY	STATE	ZIP
PHONE		CONTACT PERSON		TITLE
NATURE OF BUSINESS	FEDERAL ID NUMBER	UBI NUMBER	CORPORATION <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>
			PROPRIETORSHIP <input type="checkbox"/>	NON PROFIT <input type="checkbox"/>
			LLC <input type="checkbox"/>	

REQUIRED FOR ALL CORPORATIONS, LLC'S, LLP'S, LP'S, AND GENERAL PARTNERSHIPS

STATE OF ORGANIZATION	ORGANIZATIONAL/ CHARTER ID NUMBER
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PRINCIPALS (All principals listed below must sign application)

NAME		TITLE	% OF OWNERSHIP	SSN
HOME ADDRESS	CITY	STATE	ZIP	PHONE
NAME		TITLE	% OF OWNERSHIP	SSN
HOME ADDRESS	CITY	STATE	ZIP	PHONE
NAME		TITLE	% OF OWNERSHIP	SSN
HOME ADDRESS	CITY	STATE	ZIP	PHONE

LANDLORD INFORMATION

NAME	PHONE
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INSURANCE COMPANY

INSURANCE COMPANY	AGENT	PHONE
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EQUIPMENT DESIRED (Attach separate list if necessary)

DESCRIPTION				TOTAL COST
NO. OF UNITS	MODEL NUMBER	CONDITION NEW <input type="checkbox"/> USED <input type="checkbox"/>	YEAR MANUFACTURED	MANUFACTURER
VENDOR/SUPPLIER NAME	CONTACT	PHONE	INTANGIBLE COST (INSTALLATION, DELIVERY, SOFTWARE)	

BANK REFERENCES

NAME OF BANK	ACCOUNT #	PHONE	CONTACT
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TRADE REFERENCES

NAME OF SUPPLIER	ACCOUNT #	PHONE	CONTACT
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The undersigned individual who is either a principal, a personal guarantor or a sole proprietor of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes Financial Pacific Leasing or its designee the use of a consumer credit report on the undersigned, from time to time as may be needed.

X _____ Signature	Title	Date	X _____ Signature	Title	Date
X _____ Signature	Title	Date	X _____ Signature	Title	Date

