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EXPRESS LEASE™

Sierra Pacific Capital • 15245 N. Bank Road, Roseburg, OR 97470 • Phone (800) 863-6726 Fax (541) 496-3359

Business Name		Fed. I.D. #	Date
Address		City	State Zip
Phone ()	Fax ()	County	Sales Tax Rate %

TYPE OF BUSINESS SERVICE	No. of years in Business under Current Ownership
Form of Business: L.L.C. <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>	

Applicant-Lessee authorizes Lessor to obtain such information as may be required concerning the statements herein, within the Fair Credit Reporting Act & warrants that the credit information and all financial statements submitted by applicant to Lessor are true, correct, & Complete. Applicant understands that Lessor is relying on this Lease application and financial statements submitted by Applicant in making its decision whether to enter into a Lease agreement. Applicant agrees to inform the Lessor immediately of any matter that will cause any significant change in Applicant's financial condition. Applicant agrees that the application and other information submitted remain the property of Lessor whether or not the Lease is granted. THIS APPLICATION DOES NOT OBLIGATE THE LESSOR OR THE APPLICANT TO ENTER INTO A LEASE AGREEMENT.

SIGNATURE _____ Title _____ Date _____

PERSONAL DATA

NAME(s) AND ADDRESS(s)	TITLE(s)	% OWNED	SOC. SEC. NUMBER	HOME TELEPHONE
				AREA CODE ()
				AREA CODE ()

BUSINESS BANK ACCOUNT INFORMATION

NAME OF BANK	ACCOUNT NUMBER	TELEPHONE NUMBER
	Check. <input type="checkbox"/> Sav. <input type="checkbox"/> ()	
	Check. <input type="checkbox"/> Sav. <input type="checkbox"/> ()	

BUSINESS TRADE REFERENCES

TRADE REFERENCES	CITY, STATE	TELEPHONE NUMBER
1)		
2)		
3)		

DEALER & EQUIPMENT INFORMATION

Type of equipment to be leased		Cost \$	New <input type="checkbox"/> Used <input type="checkbox"/>
Dealer	Phone ()	Fax ()	Year
Address		City State Zip	County

TERMS REQUESTED

NUMBER OF YEARS _____	END OF TERM PURCHASE OPTION: \$1.00 <input type="checkbox"/> 10% <input type="checkbox"/>	PAYMENT SCHEDULE: Monthly <input type="checkbox"/> , Quarterly <input type="checkbox"/> , Semi Annual <input type="checkbox"/> , Annual <input type="checkbox"/> , Skip Pmt. Program <input type="checkbox"/> .
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