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COMMERCIAL LEASE APPLICATION

APPLICANT BUSINESS INFORMATION	COMPANY LEGAL NAME & DBA IF APPLICABLE (PLEASE WRITE BELOW)						
	BILLING ADDRESS	STREET	CITY & STATE	ZIP CODE	COUNTY		
	DELIVERY ADDRESS	STREET	CITY & STATE	ZIP CODE	COUNTY		
	TELEPHONE:	FAX:	EMAIL ADDRESS:				
	CONTACT:	WEBSITE:					
	DATE INCORPORATED:	YEARS IN BUSINESS:	<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC				
	NATURE OF BUSINESS:	FEDERAL TAX ID #					
	GUARANTOR INFORMATION	NAME	TITLE	SS#	HOME PHONE	% OWNED	
ADDRESS							
PREVIOUS ADDRESS (IF LESS THAN TWO YEARS):							
NAME		TITLE	SS#	HOME PHONE	% OWNED		
ADDRESS							
PREVIOUS ADDRESS (IF LESS THAN TWO YEARS):							
BUSINESS BANK INFORMATION	BANK NAME	ACCOUNT #	TELEPHONE	OFFICER	DATE OPENED	<input type="checkbox"/> CK <input type="checkbox"/> SV <input type="checkbox"/> CD <input type="checkbox"/> LOANS	
TRADE REFERENCES	FIRM NAME	TELEPHONE	FAX	OFFICER	CITY & STATE	HOW LONG?	HIGH CREDIT
VENDOR EQUIPMENT INFORMATION	VENDOR NAME:						
	ADDRESS:			CITY & STATE:		ZIP CODE:	
	PHONE	FAX	CONTACT	WEBSITE			
	EQUIPMENT TO BE LEASED:						
	COST (WITHOUT TAXES)						
<input type="checkbox"/> NEW <input type="checkbox"/> USED (IF USED, YEAR MANUFACTURED)			LEASE TERMS:		MONTHLY PAYMENT:		

The undersigned represents that all information provided with this Application is true and correct and hereby authorizes Creative Leasing Solutions, Inc. to obtain from third parties, information it deems necessary to arrive at a decision regarding this Application. To help fight terrorism and money laundering, the information you provide will be verified. By signing below, the undersigned individual(s) as principal of and/or guarantor for the applicant, authorizes Creative Leasing Solutions, Inc., its designee, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this Application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. The undersigned authorizes all deposit, borrowing, financial and trade information to be released to Creative Leasing Solutions, Inc. by telephone or fax. A photocopy or fax of this authorization shall be valid as the original.

X _____
 Signature Print

 Date

X _____
 Signature Print

 Date