## **EAGLE LEASING**

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## **CREDIT APPLICATION**

LESSEE / BORROWER:				
ADDRESS:				
CITY:	STATE:	ZIP CODE:	YEAR!	S IN BUSINESS:
EQUIPMENT LOCATION:				
TYPE OF BUSINESS:		FEDEF	RAL TAX ID #	-
LLC OFFICER NAME:	CORPORATION			_ PARTNERSHIP
HOME ADDRESS:				
HOME TELEPHONE:	CELL PH	ONE:	_ EMAIL:	
DATE OF BIRTH:	SOCIAL SECURITY #			
OFFICER NAME:			TITLE:	
HOME ADDRESS:				
HOME TELEPHONE:	CELL PH	ONE:	EMAIL:	<del></del>
DATE OF BIRTH:	SOCIAL SECURITY #			
BUSINESS BANK:	<del></del>	ACC	OUNT #	
#	TELEPHONE			
	ACCOUNT #			
CONTACT NAME:#_	· 	TELEP	HONE	
SUPPLIER REFERENCE:TELEPHONE:	COI	NTACT:		
SUPPLIER REFERENCE:TELEPHONE:	COI	NTACT:		
VENDOR: TELEPHONE:			_	

EQUIPMENT DESCRIPTION:		
EQUIPMENT COST:	TERM:	SALES TAX RATE:
	CREDIT AUTHO	DRIZATION
By signing below the undersigned individual, who of its obligations, provides written instruction to I to review his/her personal credit profile provided the purpose of the update, renewal or extension account. A fax or photocopy of this authorization	Eagle Leasing II, LLC, or its dea ny national credit bureaus in of credit to the Applicant or th	signee, assigns or potential assigns, considering this Application and for
I acknowledge that I have been informed of any d	ocumentation and processing	fees.
BY:X BY:X		
PLEASE FORWARD COPIES OF YOUR LAST 3 MON'		THIS APPLICATION ( 1st PAGE ONLY