



GIBRALTAR LEASING INC.

WWW.GIBRALTARLEASING.COM

PHONE TOLLFREE:800-924-8252 FAX 281-597-8589

APPLICANT BUSINESS INFORMATION	<u>COMPANY LEGAL NAME & DBA IF APPLICABLE (PLEASE WRITE BELOW)</u>								
	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	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:			

By signing below, the undersigned individual as principal of and/or guarantor for the applicant 1) Authorizes Gibraltar Leasing Inc. its designee, assigns or potential assigns, to review his/her personal credit profile provided by the national credit bureaus in considering this application. 2) Authorizes all bank and trade information to be released by telephone or fax. 3) Certifies that all information contained herein is true and complete. A facsimile or photocopy of this authorization shall be valid as the original.

X _____

Signature

Print

Date

X _____

Signature

Print

Date