



Lease Application

Marc D. Brinks
704-491-6248
mbrinks@acvinc.com

Keith A. Brinks
215-815-5000
kbrinks@acvinc.com

Business Information

Business Name (Legal) _____ DBA _____
 Contact _____ Telephone _____
 Address _____ City _____ State _____ Zip _____
(Include equipment location, if different from above) _____
 Fax _____ Website _____
 Type of Business _____ Tax ID# _____ Years in business _____
 Ownership Proprietorship Partnership Corporation Number of Employees _____ County _____
 Principal name _____ Title _____ Percent ownership _____
 Home phone _____ Social Security # _____ Date of Birth _____
 Home address _____ City _____ State _____ Zip _____
 Principal name _____ Title _____ Percent ownership _____
 Home phone _____ Social Security # _____ Date of Birth _____
 Home address _____ City _____ State _____ Zip _____

Bank / Insurance References

Bank name (If less than two years, attach previous bank information as well) _____
 Checking account # _____ Savings account # _____ Loan account # _____
 Address _____ City _____ State _____ Zip _____
 Contact officer _____ Phone _____
 Insurance agent _____ Phone _____
 Agent's address _____ City _____ State _____ Zip _____

Trade References

1. Name _____ Contact _____ Phone _____
 City _____ State _____
 2. Name _____ Contact _____ Phone _____
 City _____ State _____
 3. Name _____ Contact _____ Phone _____
 City _____ State _____
 Other equipment leases? Lessor's name _____
 Yes No Account # _____ Phone _____

Lease Information

Equipment cost (exclusive of sales tax) \$ _____ New Used Lease term _____
 Monthly payment \$ _____ Lease plan FMV \$1
 Equipment description 10% Other
 (Manufacturer: Model#, Serial#, Year) _____
 Supplier _____ Contact _____ Phone _____
 Address _____ City _____ State _____ Zip _____

CREDIT RELEASE INFORMATION

I hereby authorize our banks, trade references, and financial institutions the right to release our credit information.

Signature _____