



# The American Lease Exchange

397 Ray St, Suite 203. Pleasanton, CA 94566  
 Phone: (925) 846-5000 Fax: (925) 846-5050

Type or Print Legibly

## SUPPLIER & EQUIPMENT

Supplier Name		Contact Person	Telephone	Fax		
Equipment	Quantity	Manufacturer	Model #	( ) New ( ) Used	Cost	Lease Term Advance

## BUSINESS INFORMATION

Full Name of Business				Fed Tax ID#		
Address	City	State	Zip	Years Business in Operation		
Nature of Business				( ) Corporation	( ) Non-Profit	
				( ) Partnership	( ) Proprietor	
Contact	Title	Fax	Telephone	Email		
( )						

## PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS

Name (Officer #1)		Title	% of Owner	Social Security #	Date of Birth
Home Address	City	State	Zip	Home Phone ( )	
Name (Officer #2)		Title	% of Owner	Social Security #	Date of Birth
Home Address	City	State	Zip	Home Phone ( )	

## BANK REFERENCES - TWO YEAR HISTORY

Name of Bank/Branch	How Long	Contact Officer	Telephone ( )	Checking #
Name of Bank/Branch	How Long	Contact Officer	Telephone ( )	Checking #

## CREDITOR REFERENCES

Name of Reference	How Long	Contact Person	Telephone ( )	Account #
Name of Reference	How Long	Contact Person	Telephone ( )	Account #
Name of Reference	How Long	Contact Person	Telephone ( )	Account #

## FINANCIALS INSURANCE

Monthly Sales: \$	Liability Coverage:
Comp & Collision Deductibles:	
Personal Monthly Income: \$	

### AUTHORIZATION TO RELEASE CREDIT INFORMATION

I / we hereby authorize The American Lease Exchange (or its agents/or assigns) to investigate my / our financial responsibility and credit worthiness. This is my / our authorization for the herein listed bank / creditor reference(s) to release any information requested by telephone as part of normal credit procedures. By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instructions to assignee or potential assignee thereof authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the credit application represented by the above proposal and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for the reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

Authorized this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Printed Name (Officer #1)	Authorized Signature	Title
Printed Name (Officer #2)	Authorized Signature	Title

**EQUAL CREDIT OPPORTUNITY ACT.** If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact us at **The American Lease Exchange, 397 Ray St #203, Pleasanton, CA 94566 (925) 846-5000** within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. **NOTICE:** The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.