



The Lift Truck Professionals

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EQUIPMENT LEASING APPLICATION

BUSINESS	BUSINESS NAME/LESSEE			TELEPHONE	
	ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY) (ZIP CODE)
	TYPE OF BUSINESS				
	LOCATION OF EQUIPMENT (STREET)			(CITY)	(STATE) (COUNTY) (ZIP CODE)

OWNERS	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO	SOC. SEC. NO	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	DRIVER'S LIC NO
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO	SOC. SEC. NO	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	DRIVER'S LIC NO
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO	SOC. SEC. NO	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	DRIVER'S LIC NO

BANKS	BANK	CONTACT		FAX	TELEPHONE
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	ORIGINAL BALANCE	CURRENT BALANCE	
	BANK	CONTACT		FAX	TELEPHONE
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	ORIGINAL BALANCE	CURRENT BALANCE	
	BANK	CONTACT		FAX	TELEPHONE
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	ORIGINAL BALANCE	CURRENT BALANCE	

TRADES	COMPANY NAME	ACCOUNT NO.	TELEPHONE NO	CONTACT PERSON

EQUIPMENT	VENDOR			CONTACT
	ADDRESS (STREET)		(CITY)	(STATE) (ZIP CODE) TELEPHONE
	EQUIPMENT TO BE LEASED			<input type="checkbox"/> New <input type="checkbox"/> Used
	COST OF EQUIPMENT	TERMS OF LEASE	RATE / MO PAYMENT	DEPOSIT RECEIVED

I hereby authorize [Lessor Name] or any credit bureau or other investigative agency employed by [Lessor Name] to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility

X _____
 SIGNATURE/TITLE

_____ DATE

Dealers for TCM • Multiton • MasterCraft • Jungheinrich