

# Lake Equipment Leasing, Inc

64 Main Street 2nd Floor

Millburn, NJ 07041

Toll-Free (800) 882-5253 or (973) 912-5005 Fax (973) 912-5008

www.lakeleasing.com

Send application to: Apply@lakeleasing.com

Salesman \_\_\_\_\_

Contact phone# \_\_\_\_\_

Business Name OR Individual Name			Business Phone ( )	Fax ( )
Business Address			EMAIL	
City	State	Zip Code	Federal I.D. or Social Security Number	
Borrower is (Check One) ____ Individual ____ Proprietorship ____ LLP ____ LLC ____ Partnership ____ S-Corp			DOT#	MC#
Purpose ____ Replacement ____ Expansion		CDL# CDL experience ____ YRS	Year Incorporated: Year Started:	
Equipment Location		Landlord Contact Info. Mo. Rental \$		
1. Owner Name (same as borrower if Individual)		% Owned	Title	Social Security Number
Address		City	State	Zip Code
Home Number ( )	Cell Number ( )	Cell Carrier	Work Number ( )	Email
2. Owner Name (Co-Signer)		% Owned	Title	Social Security Number
Address		City	State	Zip Code
Home Number ( )	Cell Number ( )	Work Number ( )	Email	

## WORK SOURCES

Company	Type of Work	How Long? ____ mos. ____ yrs.	Contact	Phone ( )
Company	Type of Work	How Long? ____ mos. ____ yrs.	Contact	Phone ( )

## EQUIPMENT PURCHASE INFORMATION

New Used	Year	Make	Model	Mileage/Hours	Vendor Name
Vendor Phone #	Vendor Contact	Selling Price (excluding tax) \$	Trade-In Allowance \$	Cash Down Payment \$	

## PERSONAL REFERENCES

Nearest Relative	Relationship	Address	Phone Number ( )

The undersigned certifies that the information contained in this financing application is true and correct and authorizes Lake Equipment Leasing, Inc. and person to whom this application is made and any credit bureau or investigative agency to investigate the information contained with this application and obtain information about the undersigned's accounts and credit experience. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photo static or facsimile copy of this authorization shall be valid as the original.

Signature	Title	Date
Signature	Title	Date