



EQUIPMENT LEASE APPLICATION

137 Federal Hill Road Bolton Landing, NY 12814

P: 518-810-2312 www.questcommercialcapital.com

BUSINESS INFORMATION

BUSINESS NAME _____ FED ID# _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EQUIPMENT ADDRESS (if not the same) _____

PHONE _____ FAX _____

BUSINESS ENTITY: CORP _____ PROPRIETOR _____ PARTNERSHIP _____ LLC _____ LLP _____

YEARS IN BUSINESS _____ TYPE OF BUSINESS _____

E-MAIL _____

VENDOR INFORMATION AND EQUIPMENT

VENDOR NAME _____ PHONE # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EQUIPMENT DESCRIPTION _____

EQUIPMENT AMOUNT: \$ _____ TERM (# of months) _____

BANK INFORMATION (Include at least two years bank history)

	BANK	ACCT #	PHONE #	OFFICER
1) CHECKING:	_____	_____	_____	_____
2) SAVINGS:	_____	_____	_____	_____

PRINCIPAL INFORMATION

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

CITY / STATE / ZIP _____ CITY / STATE / ZIP _____

SOCIAL SECURITY # _____ SOCIAL SECURITY # _____

TITLE _____ TITLE _____

By signing below, each of the undersigned individuals authorize CMS Funding and its affiliates, successors, and assigns (collectively, "Bank") to obtain consumer credit reports relating to their individual credit history and/or creditworthiness I hereby certify that the information contained in this application is true and accurate to the best of my knowledge and authorize the release of the above information:

Applicant Signature _____ DATE _____

Applicant Signature _____ DATE _____