



Lease / Finance Application

ACELE Lease – 31129 Century Drive, Wixom, MI 48393 - Ph: (866) 587-4222 / Fax: (866) 240-4109 / bbailey@acellease.com

BUSINESS INFORMATION

Business Name:				
Business Address:			Contact Name:	
City, State, Zip Code:			Email Address:	
Equipment Location (If different than above):				
Phone #:		Fax #:		Cell #:
Annual Sales:		Years In Business:		Under Current Ownership:
Fed Tax ID #:			State of Incorporation:	
Number of Employees:		Sole Proprietor <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>
		LLC <input type="checkbox"/>		

PRINCIPAL / OWNER INFORMATION

Principal/Owner (1):		Title:		
Home Address:		Ownership %:		
City, State, Zip Code:				
Birthdate:		SSN:		
Principal/Owner (2):		Title:		
Home Address:		Ownership %:		
City, State, Zip Code:				
Birthdate:		SSN:		

BANK / LOAN / LEASE / TRADE REFERENCES

Business Bank Name:		Contact:		
Phone #:		Fax #:		
Checking Acct #:		Loan Acct #:		
Lease Company Reference:		Contact:		
Phone #:		Fax #:		
Account #:				

EQUIPMENT / LEASE INFORMATION

Equipment Description:				New or Used?			
Equipment Cost \$:				Down Payment \$:			
Preferred Lease Term (Months):		24 <input type="checkbox"/>	36 <input type="checkbox"/>	48 <input type="checkbox"/>	60 <input type="checkbox"/>	72 <input type="checkbox"/>	84 <input type="checkbox"/>
Purchase Option:	\$1.00 <input type="checkbox"/>	10% <input type="checkbox"/>	FMV <input type="checkbox"/>				

We authorize and request you and/or your agents and assigns and their affiliates to investigate our financial responsibility and creditworthiness and to share it and collection information with your other creditors. By signing this application we certify the information stated in this application is true and correct and authorize and request our references listed above to release to you any pertinent requested information.

Principal (1) Signature:

Title:

Date:

Principal (2) Signature:

Title:

Date: