



A Business Unit of GreatAmerica Leasing

LEASE APPLICATION

PHONE	FAX
1-800-487-3636	1-800-488-6262
OR	OR
1-770-951-9427	1-770-951-0207

2400 Herodian Way Suite 255 Smyrna, GA 30080

CUSTOMER INFORMATION (PLEASE PRINT)

Legal Name of Customer Company								
Billing Address				City	State	Zip Code		
Telephone No. ()	Fax No. ()	Alternate No. ()	Email Address					
Contact Name				Title				
Description of business				Corp <input type="checkbox"/>	Partner <input type="checkbox"/>	LLC <input type="checkbox"/>	Prop <input type="checkbox"/>	Years in business (with above name)
Equipment Location (if different from above)				Federal Tax ID No.		FleetCare Center <input type="checkbox"/> YES NO <input type="checkbox"/>		

PERSONAL INFORMATION (OFFICERS, PARTNERS OR OWNER)

Name	Home Address	City	State	Zip Code	Social Security No.
1					
2					
Additional Information					

COMPANY CHECKING ACCOUNT(S)

S I G N	Bank Name	Account No.	Telephone No. ()	Contact
	1			
	2		()	

CREDIT REFERENCE(S)

H E R E	Creditor Name	Account No.	Telephone No. ()	Contact
	1			
	2		()	

I / We hereby authorize the release of any credit or financial information necessary to process this lease application.

Signed: X

Date:

TO BE COMPLETED BY VENDOR

Business Name			Warehouse Name		Rate Factor
Telephone No. ()	Fax No. ()	Alternate No. ()	Email Address		
Address				Contact (if questions)	
City	State	Zip Code	Salesperson (if different than contact)		

EQUIPMENT INFORMATION (CONTINUE ON AN ADDITIONAL SHEET IF NECESSARY)

WITHOUT TAX

Item Description	Qty	Part No.	Extended Price
LEASE PROMOTION		LEASE TERM REQUESTED	TOTAL AMOUNT TO FINANCE (NO TAX)