



Lease Application
 Equipment Leasing Group of America, LLC
 211 Waukegan Road, Suite 100
 Northfield, IL 60093
 Fax Completed Application to 847-784-0066 **OR**
 Send Scanned Copy to Info@ELGALLC.com

CUSTOMER (Complete name of legal entity. If a corporation, use EXACT registered corporate name.)

Company		DBA			
Billing Address		City	County	State	Zip
Contact Person	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Title	E-Mail		
Telephone		Fax		Years In Business	
Nature of Business:		Type of Business <input type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			

PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTOR

Name	Title	% Ownership	Social Security No.
Home Address	City	State	Zip
Home/Cell Phone No.			
Name	Title	% Ownership	Social Security No.
Home Address	City	State	Zip
Home/Cell Phone No.			

SUPPLIER INFORMATION

Supplier's Name	Sales Rep	Telephone No.	Fax No.
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LEASE PAYMENT TERMS

Term in Months	Lease Payment <small>(not including tax)</small>	Advance Deposit	Factor	Purchase Option
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EQUIPMENT INFORMATION (ATTACH SEPARATE SCHEDULE IF NECESSARY)

Quantity	Description (include make, model & serial #'s and any attachments)	Equipment Cost (excluding applicable tax)

TRADE REFERENCES - TWO YEAR HISTORY

Name of Supplier	City/State	Telephone No. Fax No.	Contact Person
Name of Supplier	City/State	Telephone No. Fax No.	Contact Person
Name of Supplier	City/State	Telephone No. Fax No.	Contact Person

COMPANY BANK REFERENCES - TWO YEAR HISTORY

Name of Bank/Branch	Chkg. Acct. #	Telephone No.	Contact Officer
City/State	Loan Acct. #	Fax No.	
Name of Bank/Branch	Chkg. Acct. #	Telephone No.	Contact Officer
City/State	Loan Acct. #	Fax No.	

Applicant authorizes the release of any credit information concerning applicant including credit reports, loan, lease, checking, saving and trade accounts to Equipment Leasing Group of America, LLC, and / or any of its assigns. Applicant warrants that the information stated above is true and correct. Authorization is granted to use photo or fax copies of this application and applicant's signature thereon to obtain credit information.

Signature: **X** _____ Date: _____