



# Broker Application

Equipment Leasing Group of America, LLC  
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Email: SalesCoordinator@ELGALLC.com

Business Name:

Yrs in Business:

Address:

City:

State:

Zip:

Phone:

Email:

Fax:

Website:

Owner Name:

SSN:

Address:

Owner Name:

SSN:

Address:

Referred to us by:

Credit Bureau used:

Estimated Volume to ELGA:

Experian

TransUnion

Equifax

D&B

Member of:

ELFA

NEFA

AACFB

## Business Bank

Name:

Contact:

Address:

Phone:

## Funding Source References

Name:

Contact:

Address:

Phone:

Name:

Contact:

Address:

Phone:

Name:

Contact:

Address:

Phone:

By signing below, the undersigned individual as principal/owner for the applicant, authorizes Equipment Leasing Group, LLC its designee, assigns or potential assigns to obtain and review his/her personal credit profile provided by any national credit bureau, all pertinent company credit/reference information and to contact our financial institutions and creditors to release credit information to considering this application and for the purpose of update, renewal or extension of credit to the applicant or the collection of any matters. A fax or photocopy of this Agreement shall be valid as the original.

Signed:

Date:

