



# American Capital Lease Application



2015 Ogden Avenue  
Suite 400  
Lisle, IL 60532  
(630) 512-0066  
Fax (630) 512-0070

PLEASE TYPE OR PRINT ALL INFORMATION

<b>APPLICANT INFORMATION:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit		DUN & BRADSTREET #:
FULL LEGAL NAME OF BUSINESS ENTITY "LESSEE":		FED TAX ID #:
DOING BUSINESS AS:		NUMBER OF YEARS IN BUSINESS:
BILLING ADDRESS:		NAME: <b>- FOR VENDOR USE ONLY -</b>
CITY:	COUNTY:	STATE:
		ZIP:
EQUIPMENT LEASED INSTALLATION ADDRESS:		PHONE:
CITY:	COUNTY:	STATE:
		ZIP:
LESSEE CONTACT NAME:		PRODUCT DESCRIPTION (Attach Sales Order):
TITLE:		TERM: _____ mos. RATE: \$ _____ /mo.
CONTACT PHONE: ( )	FAX: ( )	PRODUCT COST: \$ _____
<b>REFERENCE INFORMATION:</b>		
PRIMARY BANK NAME:		ADDRESS OR BRANCH:
BANKING OFFICER:		PHONE: ( )
CHECKING ACCOUNT NO.:		COMMERCIAL OR INSTALLMENT LOAN ACCOUNT NO.
#1 TRADE REFERENCE NAME / CONTACT NAME:	ADDRESS:	PHONE:
-----	-----	( )
#2 TRADE REFERENCE NAME / CONTACT NAME:	ADDRESS:	PHONE:
-----	-----	( )
<b>OWNERSHIP INFORMATION:</b>		
PARTNER, OWNER OR OFFICER / TITLE	HOME ADDRESS & PHONE	SOCIAL SECURITY NUMBER
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The above information is for the purpose of obtaining credit and is warranted to be true. I agree to pay all bills upon receipt of statement or as otherwise expressly agreed. I hereby authorize the person or firm to whom this application is made, any credit bureau or other investigative agency employed by such person, to investigate the references herein listed or statements or other data obtained from me or other persons pertaining to my credit and financial responsibility.

Signature: Partner or Officer of Corporation / Title

Signature: Individual

Date

**FAX TO: 630-512-0070**