



# AmeriLease Corp.

620 Newport Center Drive, Suite 550, Newport Beach, CA 92660

Please Fax Application attn: Tim Jewell @ (949) 719-6808 or e-mail: tjewell@amerilease.com

## Company Information

LEGAL BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CONTACT : \_\_\_\_\_

STRUCTURE: \_\_Proprietorship\_\_ Partnership\_\_ Corporation FED ID# \_\_\_\_\_ TIME IN BUS: \_\_\_\_\_

## Vendor & Equipment Information

EQUIP. VENDOR: \_\_\_\_\_ PHONE: \_\_\_\_\_ CONTACT: \_\_\_\_\_

EQUIP. DESCRIPTION: \_\_\_\_\_ NEW/USED: \_\_\_\_\_ COST: \_\_\_\_\_

## Ownership Information (Please list additional owners on a separate page, if necessary)

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ RENT/OWN: \_\_\_\_\_ OWNERSHIP %: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ RENT/OWN: \_\_\_\_\_ OWNERSHIP %: \_\_\_\_\_

## Bank and Trade References

BANK: \_\_\_\_\_ ACCT#: \_\_\_\_\_ PHONE: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### Trades:

Company	Account #	Phone #	Contact Name

## Declaration

Applicant warrants that all credit and financial information submitted to Lessor herewith or at any other time is true and correct, and authorizes Amerilease Corporation or it's assignee to investigate applicants credit worthiness as may be needed. The undersigned authorizes all banking institutions, credit reporting agencies and its agents to release all necessary information via telephone, mail or facsimile as requested, for the purpose of securing a lease.

Authorized Signature: \_\_\_\_\_ Title \_\_\_\_\_