

American Bank Leasing

1002 Abbey Court
Alpharetta, GA 30004
Phone 770-680-4259 /Fax 770-680-4237

LEASE APPLICATION

BUSINESS INFORMATION (Minimum 2 years in Business Required)				
Business Legal Name:		Time In Business Under Current Ownership:		Federal ID Number
Business Address		City/County	State	Zip
Business Phone Number ()		Business Fax Number ()		
Type Of Ownership: <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation	State of Inc:	Type Of Business:	Gross Revenues:	Business Fax Number ()

PRINCIPAL INFORMATION (100% Ownership disclosure required. Principals listed will be required to guaranty lease.)				
Name (First-Middle-Last) <i>Please Print</i>		Date of Birth	Title	% Ownership
Present Address		City/County	State	Zip
Home Phone Number ()		Social Security Number		
Other Owner/Guarantor	Title	Address	Date of Birth	%Ownership
Social Security Number				

BANK/CHECKING & SAVINGS (If check acct. less than 2 years; provide previous acct. number/bank)									
Bank	Phone	Fax	Officer	Acct#	How Long	CK	SV	CD	
Bank	Phone	Fax	Officer	Acct#	How Long	CK	SV	CD	

EQUIPMENT LOANS/LEASES (Open or Paid)				
Firm Name	Phone	Fax	Acct#	High Credit
				How Long

TRADE REFERENCES				
Firm Name	Phone	Fax	Acct#	High Credit
				How Long
Firm Name	Phone	Fax	Acct#	High Credit
				How Long

EQUIPMENT INFORMATION				
VENDOR NAME/PHONE NUMBER: _____				
EQUIPMENT DESCRIPTION: _____				
EQUIPMENT COST:	\$ _____	NEW	OR	USED
WHERE WILL EQUIPMENT BE LOCATED: _____				
TERM REQUESTED:	24 MOS	36 MOS	48 MOS	60 MOS
PURCHASE OPTION:		FMV/10%	OR	\$1.00
The undersigned individual who is either a principal, personal guarantor or a sole proprietor of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes us or our designee the use of a consumer credit report on the undersigned, from time to time as may be needed, as well as the release of any and all information requested for the purpose of granting business credit. A Photocopy of this release will act as an original.				
BY: _____				TITLE: _____
BY: _____				TITLE: _____