



THE CARLSON COMPANY

Your Source For Professional Service Equipment

232 Avenida Fabricante, #102, San Clemente, CA 92672

Toll free phone: 800-222-6199 • Fax 949-498-2224

EQUIPMENT LEASE APPLICATION

BUSINESS INFORMATION

Business Name		Federal Tax Identification Number _____
Street Address/City/County/State/Zip		
Equipment Location (If different from above.) Street Address/City/Count/State/Zip		
Contact	Business Phone No.	
Nature of Business		
Principal/Partner/Officer Signing Lease	Social Security No.	
Home Street Address		
City/State/Zip	Residence Phone	Proprietorship Partnership Corporation LLC ____ Years In Business

BANK REFERENCES

Bank Reference Name	Account/Loan Officer	Phone No.
Address/City/State		Account No.
Bank Reference Name (2nd or Previous)	Account/Loan Officer	Phone No.
Address/City/State		Account No.

TRADE REFERENCES

LANDLORD (Name/City/State)	Contact Name
	Phone No.
TRADE #1 (Name/City/State)	Contact Name
	Phone No.
TRADE #2 (Name/City/State)	Contact Name
	Phone No.
TRADE #3 (Name/City/State)	Contact Name
	Phone No.

LEASE

Lease Term (Mos.)	End of Lease Purchase Option:	\$1.00 Buyout Option First & Last Payments in Advance Plus Applicable Taxes	Estimated Equipment Cost \$ Mo. Pmt (Tax Not Included) \$
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EQUIPMENT

Qty	Description	Price Each	Amount

RELEASE

To Whom This May Concern:

This will be our authority and my request to you, to release any information requested concerning personal or business credit standing.

Signature _____ Date _____

*** PLEASE FAX COMPLETED APPLICATION TO 949-498-2224 ***