

ROCKY MOUNTAIN LEASING SOLUTIONS



Phone 866-823-4794
Fax 303-806-6262

4830 S. Inca St
Englewood, CO 80110

APPLICANT BUSINESS INFORMATION									
COMPANY LEGAL NAME & DBA IF APPLICABLE (Please write below)									
COMPANY ADDRESS	STREET	CITY	COUNTY	STATE	ZIP CODE				
TELEPHONE			FAX		EMAIL ADDRESS				
DATE OF INCORPORATION		YEARS IN BUSINESS		PROPRIETORSHIP		PARTNERSHIP		CORPORATION	LLC
NATURE OF BUSINESS				FEDERAL TAX I.D. #					
BUSINESS BANK REFERENCES (MINIMUM THREE YEAR HISTORY)									
BANK NAME	ACCOUNT #	PHONE	OFFICER		DATE OPENED	CK	SV	CD	LOANS
LOAN AND TRADE REFERENCES									
FIRM NAME	TELEPHONE/FAX	OFFICER		CITY/STATE		HOW LONG?		HIGH CREDIT	
PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS									
NAME		TITLE			SS#		HOME TELEPHONE #		
ADDRESS									
PREVIOUS ADDRESS (IF LESS THAN TWO YEARS)									
NAME		TITLE			SS#		HOME TELEPHONE #		
ADDRESS									
PREVIOUS ADDRESS (IF LESS THAN TWO YEARS)									
VENDOR & EQUIPMENT INFORMATION									
VENDOR NAME									
ADDRESS			CITY			STATE		ZIP	
VENDOR PHONE #			VENDOR FAX #			VENDOR CONTACT			
EQUIPMENT TO BE LEASED							COST (WITHOUT TAX)		
NEW/USED (IF USED, YEAR MANUF)			LEASE TERMS			MONTHLY PAYMENT			
LOCATION OF EQUIPMENT									

By signing below, the undersigned individual as principal of and/or guarantor for the applicant authorizes Rocky Mountain Leasing Solutions, Inc., its designee, assigns or potential assigns, to review his/her personal credit profile provided by the national credit bureaus in considering this application and for the purpose of update, renewal, or extension of credit to the applicant or the collection of any resultants accounts. A fax copy or photocopy of this authorization shall be valid as the original.

X _____
Signature

Date

X _____
Signature

Date