



Lease Application

Credit Processing

Phone: (800) 796-5504
 Fax: (800) 968-2808

LESSEE (exact legal name required)	
Name _____	
Address _____	
City/State/Zip _____	
Telephone Number _____	Fax Number _____
Contact Person _____	E-mail Address _____

SUPPLIER	
Name _____	
Address _____	
City/State/Zip _____	
Telephone Number _____	Fax Number _____
Salesperson _____	

EQUIPMENT DESCRIPTION: (include accessories)

***If you are sales/use tax exempt, tax exemption certificate MUST be provided to TDS with lease application.**

Equipment Location (if other than above) _____		State of Incorporation _____
Nature of Business _____	Time in Business _____ Years _____ Months _____	Federal Tax Id # _____
Type of Business: _____		

Lease Term _____	Purchase Option _____	Equip. Cost \$ _____
Security Deposit(s) _____	OR	Advance Payment(s) _____
Monthly Payment \$ _____	Plus Tax \$ _____ *	Total Payment \$ _____

BANKS

Bank Name		Bank Name	
1. _____		2. _____	
Type of Account _____	Account Number _____	Type of Account _____	Account Number _____
Contact Officer _____	Telephone Number _____	Contact Officer _____	Telephone Number _____

TRADES

Name		Name	
1. _____		3. _____	
Telephone Number _____		Telephone Number _____	
Name _____		Name _____	
2. _____		4. _____	
Telephone Number _____		Telephone Number _____	

If corporation in business less than three years, or partnership/proprietorship, please provide the following on principals:

Name _____	Home Address _____	City/State/Zip _____	Social Security Number _____
Name _____	Home Address _____	City/State/Zip _____	Social Security Number _____

SIGNATURE / RELEASE

It is expressly understood that this constitutes an application only and in itself shall not be binding upon either party. Additionally, I / we authorized Tripod Data Systems or its agent to investigate the banks, savings and loan and trade references listed, and if required by Tripod Data Systems or its agents, to perform personal credit investigations on the corporate principals, partner or proprietor listed above.

Authorization: _____ Date: _____
 Authorization: _____ Date: _____