

SELIG LEASING: EQUIPMENT LEASE CREDIT APPLICATION

Please complete and Fax to: (414) 327-0154

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Business Name	Phone		
Address			
City	State	Zip	
Contact Name	Title	Fed Tax ID#	
Type of Business: (Please Check below)			
Municipal	Corporation	LLC	Partnership Proprietorship Other
Year Established	Business Description		
Principles:			
Name	Address	Phone	SS#
Name	Address	Phone	SS#

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Vendor Name	Address	Phone
Equipment Description:		
Equipment delivery location:		
Equipment Pricing:		Lease Pricing:
Cost: \$	_____	Term _____ Resid. _____
Tax: \$	_____	Mo. Pymt.: \$ _____
Total: \$	_____	Tax: \$ _____
		Total: \$ _____

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Bank References :			
Bank Name	Contact	Acct#	Phone
Bank Name	Contact	Acct#	Phone
Trade References :			
Name	Contact	Phone	
Name	Contact	Phone	

I hereby authorize the use of the above information for the purpose of evaluating credit. All lease financing is subject to credit approval, documentation and acceptance.

X _____
Applicant Signature Title Date