

Lease Application

SUPPLIER Salesperson Phone
Address Fax
City State Zip

EQUIPMENT
Location of equipment Total equipment cost \$

COMPANY INFORMATION

Name of your business Years owning business under current name
Business Address City State Zip
Business Phone Fax Home Phone Cellular Phone
Business Type Number of employees Square feet of facility

BUSINESS BANK REFERENCES

Name of bank/branch Bus. Checking Acct. #
Account opened Bank Phone #

TRADE REFERENCES *(suppliers currently used in business)*

Name Contact/Account# Phone #

PERSONAL INFORMATION (OWNERS/PARTNERS)

(1) Name Title Social Security Number
Home Address City State Zip
(2) Name Title Social Security Number
Home Address City State Zip

AUTHORIZATION

By signing your name, you represent that all information provided within this application is true and correct and hereby authorizes Castleton Capital Corporation or its assignee to review his/her personal credit profile and to obtain information from various financial institutions for the extension, update, or renewal of credit to the applicant. A fax or photocopy of this authorization shall be valid as the original.

Signature

NOTE:
Please complete form and fax or e-mail back to Telli Industries.
FAX: (702) 257-7436
E-MAIL: info@telliind.com