



7967 Oak Hill Dr. Suite 100

Cheltenham, PA 19012

Local: 215.663.2350

www.MontgomeryLeasing.com

CONFIDENTIAL CREDIT APPLICATION

Supplier: _____
Phone: _____
Fax: _____
Contact: _____

Cost: _____
Equipment: _____
New: _____ Used: _____
Expected Date of Delivery: _____

FULL BUSINESS LEGAL NAME: _____
DBA (Doing Business As): _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Nature of Business: _____ Length of Time in Business: _____
Type of Business: **Corporation** **Partnership** **Proprietorship** **LLC** **Non-Profit** (Circle One)
Federal ID#: _____ E-Mail Address: _____

NAME OF PRESENT BANK: _____
Phone: _____ Bank Officer: _____
Account Number: _____ Length of Time at Bank: _____
NAME OF PREVIOUS BANK: _____
Telephone: _____ Account Number: _____

TRADE REFERENCES (Provide Three)

NAME: _____ Contact: _____
Address: _____ Phone: _____
NAME: _____ Contact: _____
Address: _____ Phone: _____
NAME: _____ Contact: _____
Address: _____ Phone: _____

OWNERSHIP INFORMATION: *Please list business owner(s)'s full legal name(s). If a publicly traded firm, list the officer responsible for signing the lease.*

NAME: _____ Title: _____ % Ownership: _____ SS# _____
Home Address: _____ City: _____ State: _____ Zip: _____ DOB: _____
Home Phone: _____ Spouse's Name: _____ Spouse's SS# _____
NAME: _____ Title: _____ % Ownership: _____ SS# _____
Home Address: _____ City: _____ State: _____ Zip: _____ DOB: _____
Home Phone: _____ Spouse's Name: _____ Spouse's SS# _____

I/We, either a principal of the credit application listed above or a personal guarantor of its obligations, provide written authorization to Montgomery Equipment Leasing Co. or its assigns to investigate my/our personal credit history from a national credit bureau, which shall extend to obtaining a credit profile in considering the application of credit applicant and subsequently for the purposes of update, renewal or extension, and for reviewing or collecting the resulting account. A photocopy or facsimile copy of this shall be as valid as the original. I/We also authorize my/our financial institutions and creditors to release information required.

Authorized Signature: X _____ **Date:** _____

Authorized Signature: X _____ **Date:** _____