



EQUIPMENT LEASE APPLICATION

Please call 866-788-6780 for assistance.
 Fax completed application to 503-614-0797

BUSINESS APPLICANT			
COMPANY NAME (Full Legal Name Including DBA if Applicable)		CONTACT	DATE
ADDRESS (Street, City, State, County & Zip Code)			PHONE NO.
EQUIPMENT LOCATION ADDRESS (if different than above) (Street, City, State, County & Zip Code)			FAX NO.
E-MAIL ADDRESS	TYPE OF BUSINESS	STRUCTURE OF OWNERSHIP:	
		<input type="checkbox"/> Proprietorship <input type="checkbox"/> L.L.C. <input type="checkbox"/> L.L.P. <input type="checkbox"/> Partnership: <input type="checkbox"/> General <input type="checkbox"/> LTD. <input type="checkbox"/> Corporation: <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp	
YRS. CURRENT OWNERSHIP	FED. TAX I. D. NO.	DATE EST. (MO/YR)	
STATE OF ORGANIZATION:	STATE REGISTRATION NUMBER:		

PRINCIPAL BUSINESS OWNERS *If additional owners, please attach a separate sheet			
PRINCIPAL'S NAME (first, middle, last)	TITLE	% OWNERSHIP	SOC. SEC. NO.
HOME ADDRESS (including street address, city, state, & zip code)		HOME PHONE	HOW LONG? <input type="checkbox"/> Own <input type="checkbox"/> Rent
PRINCIPAL'S NAME (first, middle, last)	TITLE	% OWNERSHIP	SOC. SEC. NO.
HOME ADDRESS (including street address, city, state, & zip code)		HOME PHONE	HOW LONG? <input type="checkbox"/> Own <input type="checkbox"/> Rent

BANK / LENDER REFERENCE				
BANK/LENDER NAME	BRANCH	OFFICER	PHONE NO.	ACCOUNT NO.
<input type="checkbox"/> SAVINGS ACCT.	<input type="checkbox"/> CHECKING ACCT.	NAME ON ACCOUNT	DATE OPENED	BALANCE
<input type="checkbox"/> LEASE	<input type="checkbox"/> LOAN			\$

TRADE REFERENCES			
COMPANY NAME	PHONE	ACCOUNT #	CONTACT PERSON
COMPANY NAME	PHONE	ACCOUNT #	CONTACT PERSON
COMPANY NAME	PHONE	ACCOUNT #	CONTACT PERSON

IMPORTANT— APPLICANT READ BEFORE SIGNING		
<p>I hereby certify that all information contained in this application and all attachments hereto is true and complete to the best of my knowledge, and has been supplied for the purpose of obtaining credit in the form of an equipment lease. I authorize Emerald Funding Services and its nominees to verify any and all of the information with the source(s) it deems appropriate and further authorize any of the above banks and trade references to release requested information to Emerald Funding Services and its nominees. I understand that this constitutes an application only and shall not bind either Emerald Funding Services, its nominees or the applicant in relation to the proposed lease transaction.</p>		
DATE	SIGNATURE	TITLE