BUSINESS LEASE APPLICATION

CT*financing*

BUSINESS INFORMATION

FULL LEGAL NAME (Include DBA if applicable)		TELEPHONE		FACSIMILE
BILLING STREET ADDRESS	CITY	COUNTY	STATE	ZIP
EQUIPMENT LOCATION (If different from above) STREET ADDRESS	CITY	COUNTY	STATE	ZIP
☐ Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ LLP		TAX ID# (Corporations Only)		
YEARS IN BUSINESS / YEARS IN INDUSTRY	BUSINESS DESCRIPTION	SALES LAST YEAR $	PROJ. NEXT YEAR $	EQUITY
DOWNPAYMENT AVAILABLE $	ADDITIONAL COLLATERAL	LANDLORD/MORTGAGOR NAME		TELEPHONE
PERSON SIGNING LEASE	TITLE	EMAIL ADDRESS		MOBILE #
HOW DID YOU LEARN ABOUT CT FINANCING?				
WHICH PROMOTIONAL LEASE PROGRAM ARE YOU APPLYING FOR?				

OWNER INFORMATION

NAME (Principal/Partner/Officer)		SOCIAL SECURITY NO.		HOME TELEPHONE
HOME STREET ADDRESS	CITY		STATE	ZIP
OWNS HOME? ☐ YES ☐ NO	VALUE $	MORTGAGE $	W-2 LAST YEAR $	CONTINUE EMPLOYMENT? ☐ YES ☐ NO	SPOUSE W-2 $	% OF BUSINESS OWNED
CO-APPLICANT	SOCIAL SECURITY NO.		HOME TELEPHONE	
HOME STREET ADDRESS	CITY		STATE	ZIP
OWNS HOME? ☐ YES ☐ NO	VALUE $	MORTGAGE $	W-2 LAST YEAR $	CONTINUE EMPLOYMENT? ☐ YES ☐ NO	SPOUSE W-2 $	% OF BUSINESS OWNED

EQUIPMENT TO BE LEASED

TOTAL ESTIMATED EQUIPMENT COST $	EQUIPMENT DESCRIPTION (Mfgr/Model)	TERM (# of Months)
SUPPLIER NAME	SUPPLIER SALESPERSON	TELEPHONE

BANK REFERENCES

BUSINESS DEPOSITORY	CITY/STATE	TELEPHONE
CHECKING ACCOUNT #	BALANCE $	CONTACT NAME	SINCE
BUSINESS LOAN/LEASE	CITY/STATE	TELEPHONE
LOAN/LEASE#	BALANCE $	CONTACT NAME	SINCE
BUSINESS LOAN/LEASE	CITY/STATE	TELEPHONE
LOAN/LEASE#	BALANCE $	CONTACT NAME	SINCE

TRADE REFERENCES

	NAME	CITY/STATE	ACCT #	TELEPHONE	CONTACT NAME
1.					
2.					
3.					
4.					

The applicant(s) certifies that all information contained in this application, and all attachments hereto, are true and complete to the best of the applicant(s) knowledge, and are made for the purpose of obtaining credit for business purposes, and not for personal or family use. The applicant(s) hereby authorize CT Financing and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now, from time to time, and at any time in the future, as may be needed in the credit evaluation and review process and waives any right or claim the applicant(s) would otherwise have under the Fair Credit Reporting Act in absence of this continuing consent. The applicant(s) further authorize any bank, financial institution or trade reference to release credit information on the applicant(s) account(s) to CT Financing and/or its assigns. An electronic, photocopy or facsimile copy of this authorization with a copied, electronic or facsimiled signature shall be deemed to be binding, valid, genuine and authentic as an original-signature document for all purposes. A non-refundable documentation fee will be required for the preparation and distribution of lease documents.

SIGNATURE

X APPLICANT DATE X CO-APPLICANT DATE

FOR OFFICE USE ONLY

EQUIPMENT COST	DP VENDOR	DP CTF	FINANCED AMOUNT	NUMBER OF ADVANCE PAYMENTS
TERM / RT	MONTHLY PAYMENT		FILING FEE	TAX EXEMPT ☐ YES ☐ NO
END OF LEASE OPTIONS / FMV	FIXED %	FIXED $	TRADE SHOW/MAG	OTHER