



800-815-2446

# Commercial Truck Lease Application

Fill out this form and fax back to us at 248-258-0408.

# lease • alliance

**Indicates Required Data!**

## Basic Information

Complete Legal Name of Business  Date

Physical Address

  
  


Business Phone

Business Fax

Cell Phone

Years in Business

Mailing Address (if different from Physical Address)

  
  


Tax Payer ID

Type of Business

How Long At Current Address?

Trade Name or Style, if any

Equipment Location When Not In Use

Ownership:  Sole Owner  Partnership  Corporation  Other \_\_\_\_\_

<input checked="" type="checkbox"/> Principal or Officer	<input checked="" type="checkbox"/> Title	<input checked="" type="checkbox"/> Social Security No.	<input checked="" type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Home Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Bank/Debt References

<input checked="" type="checkbox"/> Name & Address	<input checked="" type="checkbox"/> Contact Name & Phone No.	<input checked="" type="checkbox"/> Account No.	Type of Account
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Loan <input type="checkbox"/> Checking
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Loan <input type="checkbox"/> Checking
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Loan <input type="checkbox"/> Lease
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Loan <input type="checkbox"/> Lease

## Trade or Hauling References

<input checked="" type="checkbox"/> Company & Address	<input checked="" type="checkbox"/> Phone No.	<input checked="" type="checkbox"/> Contact Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Truck/Equipment Information

<input checked="" type="checkbox"/> Description				<input checked="" type="checkbox"/> New	<input checked="" type="checkbox"/> Used
<input type="text"/>				<input type="checkbox"/>	<input type="checkbox"/>
Vendor	Address	Contact/Phone No.			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
<input checked="" type="checkbox"/> Cost	Tax	Freight	Installation	<input checked="" type="checkbox"/> Total Cost	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

## Insurance Information

Agent	Address	Phone No.	Fax No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Landlord Information

Contact	Address	Phone No.	Fax No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Additional Information or Comments

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Lessee hereby authorizes any bank or other lending institution, creditor, trade, or credit association, or trade or credit reporting bureau, or any other person who has knowledge of Lessee's credit or trade history to release such information to Lease Alliance, LLC or its assigns or designee(s). A photographic or faxed copy of this authorization shall be valid as the original. The undersigned agrees to reimburse any actual expenses within ten (10) days of invoice by Lessor as needed to complete the lease transaction.

## Lease Applicant (Lessee)

<input checked="" type="checkbox"/> Name (Please Print)	<input checked="" type="checkbox"/> Title
<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> Signature	<input checked="" type="checkbox"/> Date
<input type="text"/>	<input type="text"/>

## **For Lease Amounts Over \$75,000!**

### *Checklist of Items Needed for Lease Amounts Over \$75,000*

- 3 Years of business tax returns.
- 3 Years of personal tax returns for any individual owning more than 10% of the entity.
- Current interim financial statement the past tax year.
- Copies of purchase orders and sales invoices.
- Copies of 3 month's of business bank statements (summary pages only).

Call Toll-Free 800-815-2446 for Details or Assistance.

**Fax this application to 248-258-0408 today!**