

WESTTOWN LEASING CORPORATION

409 Hidden Valley Road, Media, PA 19063 1. 610.565.2767 1. 215. 689.0826 fax sales@westtownleasing.com

Financing Application

Business Information

Business Name (Legal) _____ DBA _____
Contact _____ Telephone _____
Address _____ City _____ State _____ Zip _____
(Include equipment location, if different from above) _____
Fax _____ Website _____
Type of Business _____ Tax ID# _____ Years in business (current ownership) _____
Ownership Proprietorship Partnership Corporation LLC Number of Employees _____
Principal name _____ Title _____ Percent ownership _____
Home phone _____ Social Security # _____ Date of Birth _____
Home address _____ City _____ State _____ Zip _____
Principal name _____ Title _____ Percent ownership _____
Home phone _____ Social Security # _____ Date of Birth _____
Home address _____ City _____ State _____ Zip _____

Bank / Insurance References

Bank name (If less than two years, attach previous bank information as well) _____
Checking account # _____ Savings account # _____ Loan account # _____
Address _____ City _____ State _____ Zip _____
Contact officer _____ Phone _____
Insurance agent _____ Phone _____
Agent's address _____ City _____ State _____ Zip _____

Trade References

1. Name _____ Contact _____ Phone _____
City _____ State _____
2. Name _____ Contact _____ Phone _____
City _____ State _____
3. Name _____ Contact _____ Phone _____
City _____ State _____
Other equipment leases? Lessor's name _____
Yes No Account # _____ Phone _____

Equipment Information

Equipment cost (exclusive of sales tax) \$ _____ New Used Lease term _____
Monthly payment \$ _____ Lease plan FMV \$1
Equipment description 10% Other
(Manufacturer: Model#, Serial#, Year) _____
Supplier _____ Contact _____ Phone _____
Address _____ City _____ State _____ Zip _____

CREDIT RELEASE INFORMATION

I/we hereby authorize our banks, trade references, and financial institutions the right to release our credit information.

Signature _____ Signature _____