



Contacts:
 John O'Connor
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Leasing Credit Application

Business Information			
Company Name	Telephone Number	Fax Number	E-Mail Address
Address	City	County	State Zip Code
Contact Name	Title/Position	Direct Telephone	Cellular Telephone
Fed Tax ID#	Sales Tax Exempt #	Year Established	Number of Employees
Type of Business: (Please Check below)			
Corporation _____ Partnership _____ Proprietorship _____ LLC _____ Other _____			

Ownership Information					
Please Check: Publicly Owned/Traded _____ Privately Owned _____ (If privately owned complete this section)					
Principals /Shareholder/Owner Information					
Name	Title	% Ownership	Home Phone	Cell Phone	Social Security Number
Home Address (Street)			(City)	(State)	(Zip Code)
Name	Title	% Ownership	Home Phone	Cell Phone	Social Security Number
Home Address (Street)			(City)	(State)	(Zip Code)

Property Insurance			
Insurance Company	Insurance Agency	Broker/Agent	Telephone Number

Equipment to be Leased				
Equipment Description:				
<u>Quantity</u>	<u>Manufacturer</u>	<u>Model #</u>	<u>Type of Equipment</u>	<u>Cost</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
Total Cost				\$ _____

Equipment Vendor			
Vendor Name	City and State	Vendor Contact	Telephone Number
_____	_____	_____	() _____

Lease Terms Requested			
Lease Term	Monthly Payment	Purchase Option	Other
_____ (Months)	\$ _____	_____	_____
I hereby authorize m ² Lease Funds LLC or it's agents to perform whatever investigation they deem necessary for the purpose of evaluating my credit and financial responsibility as it relates to the granting of credit for the above described lease application.		X _____ Signature and Title	_____ Date

Please fax completed application to John O'Connor at (319) 743-7055.