



TELYSIS CAPITAL PARTNERS

<https://TelysisCapitalPartners.com>

Equipment Lease Application

Company:		d/b/a:	
Billing Address:			
City:	County:	State:	Zip:
Telephone No: ()	Fax No: ()		
Contact Name:	Title:	Email:	
Type of Business:	Yrs. In Business:	Fed. Tax ID #:	
Check One: <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership			

OWNER/STOCKHOLDER INFORMATION: (Officers, Partners and/or Guarantors)

Name:	Title:	S.S.#:	% of Ownership:
Home Address:		Home Phone: ()	
City:	State:	Zip:	
Name:	Title:	S.S.#:	% of Ownership:
Home Address:		Home Phone: ()	
City:	State:	Zip:	

TRADE REFERENCES: (Two-year history of accounts with credit terms. Do not include C.O.D. accounts)

Name of Supplier:	Contact:	Phone: ()
Name of Supplier:	Contact:	Phone: ()
Name of Supplier:	Contact:	Phone: ()
Landlord:	Contact:	Phone: ()

COMPANY BANK REFERENCE: (Business Account ONLY)

CREDIT REFERENCE: Comparable lease or loan history

Bank Name:	Creditor:
Checking Account #:	Account #:
Phone: ()	Date Opened: / /
	Phone: ()
	Contact:

VENDOR INFORMATION:

Vendor Name:	Contact:
Address:	
City:	State: Zip:
Phone: ()	Fax: ()

EQUIPMENT INFORMATION:

Total Amt. of Lease: Excluding tax \$	Term 24 36 48 60	Buyout Option:
Equipment Location: If different from above County:		
Equipment Description: Mfg./Make/Model		
Sales Tax rate for location of equipment:		%

By providing the above information, I authorize you to whom this application is made or your agents to investigate my/our financial responsibility and creditworthiness and I/we will provide financial statements, tax returns, etc. as you deem necessary. I/we authorize you to update my/our credit profile from time to time in the future as you deem appropriate.

Applicant's Signature

Title

Date