



Lease Financing Application

Return to
 Jeff Monnier
 Fax to 937-473-5990

LESSEE / APPLICANT INFORMATION									
Legal Business Name or Farm Name							Phone		
Address (Street, R.R. - no PO Box)							Fax or E-mail		
City		County		State		Zip		Cell Phone/Pager	
Type of Business or Farm			Equipment Location (if different than above)				Contact		
Corporation <input type="checkbox"/> C <input type="checkbox"/> S	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>	Livestock Type & # of Head		Federal Tax ID #		Date Established/Time in Business		
# of Acres owed	# Rented Acres	Farm Net Annual Income		Non Farm Annual Income		Sales Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PRINCIPAL INFORMATION (President, Owner or Partners)									
Name 1				Title	% of Ownership	Social Security #		D.O.B.	
Home Address				City	State	Zip		Home Phone	
Name 2				Title	% of Ownership	Social Security #		D.O.B.	
Home Address				City	State	Zip		Home Phone	
BANKING INFORMATION									
NAME / BRANCH		CITY/STATE		CHK. ACT. #		PHONE		CONTACT	
ASSETS & LIABILITIES INFORMATION									
Cash on Hand/Savings:				Current Portion of Long Term Debt (12mos):					
Accounts Receivable:				Total Liabilities:					
Total Assts:				Total Net Worth:					
VENDOR / EQUIPMENT INFORMATION									
Name					Phone		Contact		
Address					City	State	Zip		Fax
Equipment To Be Leased - Description									
<input type="checkbox"/> Used <input type="checkbox"/> New	Term (months)	Advance Payments		Buyout Option <input type="checkbox"/> FMV <input type="checkbox"/> 10% <input type="checkbox"/> \$1		Sales Tax Rate (%)		Total Cost (Without Tax)	
<p>By signing below, each undersigned individual(s), who is either a principle of the credit applicant listed above or a personal guarantor of its obligations authorizes the release of any credit information for the company and individuals listed above including credit bureau reports, loan, lease, checking, saving and trade accounts to Accord Financial Group and/or its assignees or potential assignees. Such authorization shall extend to obtaining a personal credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. A photocopy or facsimile copy of this authorization shall be as valid as the original. Applicant warrants that the information stated above is true and correct.</p>									
Signature #1: _____				Date _____		Signature #2: _____		Date _____	