

## APPLICANT'S CONTACT INFORMATION

Legal Business Name :	Dba:	Dba:				
Business Address:						
Equipment Location Address(If different from above):						
City:	State:		Zip:		County:	
Telephone:	Fax:					
Primary Contact	Title:					
BUSINESS ENTITY INFORMATION						
Years in Business (under same ownership):	Date Incorporated :			Fed ID:		
☐ Corporation						
☐ Partnership	☐ L.L.C.					
EQUIPMENT DETAIL INFORMATION						
Amount Requested :						
BUSINESS AUTHORIZED SIGNORS: OWNER(S), OFFICER(S), MEMBER(S), PARTNER(S) with 25% or greater shareholder interest ideally						
Name:			Title:			
Address:			Social Security #			
City		State: Zip:				
Home #		Mobile #:	Email:			
OFFICER/OWNER #2 IF APPLICABLE						
Name:		Title:				
Address:		Social Security #				
City		State:		Zip:		
Home #		Mobile #:		Email:		
Please know that submitting this application does not obligate you nor Trilease Corp. By submitting your application, you are authorizing TriLease Corp, on approval, to establish a business account for the amount requested.  I hereby permit Trilease Corp and/or it's affiliate to process the above provided information. I understand any decision provided may be based on my personal and/or business credit.						
Signature	Title		Date			



Funding services provided by TriLease Corp. For credit inquiries, please call Brantley Denton, your Personal Account Manager at 866-590-2220. <a href="mailto:brantley-denton@trilease.net">brantley-denton@trilease.net</a>

Fax form to: 919-882-8816