



Commercial Lease Credit Application

Phone: 800.770.nelc (6352)
 Fax: 888.332.nelc (6352)
 email: credit@nelc.com

Federal Tax ID# _____	
LEGAL BUSINESS NAME _____	
doing business as "DBA" _____	
Address _____	
City State Zip _____	
Telephone Main # _____	Fax # _____
Primary contact _____	ph# _____
Email _____	cell ph# _____
EQUIPMENT LOCATION _____	
Date Business Started _____	# years under current owner(s) _____
State business formed in _____	# Employees _____ Full Time _____ Part Time _____
TYPE OF BUSINESS Please check business type: <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietor <input type="checkbox"/> P.C.	
DESCRIPTON OF BUSINESS _____	
SIGNING OFFICER _____	TITLE _____
Home Address _____	SS# _____
City State Zip _____	
Home Phone _____	Cell Ph # _____ % Business Ownership _____
Additional officers, if necessary will require a separate Credit Authorization form. Please contact your Representative	
BANK REFERENCE	
To expedite the credit process, please submit 3 recent bank statements (1 page each) showing avg balances	
Existing Equipment Loan and Lease references are helpful. Please include recent lender statements.	
PROFESSIONAL RELATIONSHIPS:	
Insurance Agent _____	Contact/PH# _____
Accountant _____	Contact/PH# _____
Landlord _____	Contact/PH# _____
EQUIPMENT TYPE _____	Cost \$ _____
Please include vendors Sales Quote	
<input type="checkbox"/> NEW <input type="checkbox"/> USED Model year _____	"Conditon Report" required if used
Vendor & Contact _____	phone # _____
I authorize the expeditious release of all business & personal credit, deposit and borrowing information to National Equipment Leasing, its designee & assignee. A facsimile of such authorization to be treated as an original.	
	TITLE _____ DATE _____
PLEASE SIGN NEAR THE "X" AND PRINT NAME HERE >	

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 Farmington Hills, MI 48334
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 www.nelc.com