



COMMUNITY LEASING ASSOCIATES

Community Leasing Associates, LLC
2107 Highway 11
Lanesville, IN 47136
502-459-5770
812-952-4049 fax
www.clalease.com

COMPANY

Date / / 2019

Form with fields: Exact Legal Name, Fed. ID No., DBA, Phone, Fax, Street Address, # of employees, City, State, Zip, County/use tax rate, Bus. Description, Years in Business, Bus. Structure, Contact, Phone, Fax, Email

PRINCIPALS

Form with fields for Owner/President and Co-Owner/Officer: Title, Soc. Sec. No., Home Address, City, State, Zip, Home Phone, Date of Birth, % Ownership

(If additional owners, please attach an separate sheet)

BANK REFERENCES (Or attach copy of last 3 months bank statements)

Form with fields for Bank Name, Phone, Fax, Checking Acct. Number, Loan Acct. Number, Officer

TRADE ACCOUNTS (Net-30 Accounts or Comparable Debt)

Form with fields: Name, Phone, Contact

Form with field: Install location (if other than lessee's above address)

Form with fields: TOTAL AMOUNT REQUESTED \$, TERM (check one) 24 36 48 60 Months, Buyout (check one) FMV% \$1.00 option

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes Community Leasing Associates, its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of the update, renewal or extension of credit to the applicant or the collection of any resultant accounts. Permission is hereby granted to correspond with us via facsimile. A fax or photocopy of this authorization shall be valid as the original.

Form with fields: Signature, Print Name, Date (repeated three times)