

GENERAL FUNDING CORPORATION

“Serving Your Equipment Leasing & Financing Needs Since 1981”

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20259 Mack Avenue
Grosse Pointe Woods, MI 48236

LEASE APPLICATION

LESSEE (IMPORTANT TO LIST LEGAL NAME OF ENTITY)

Name		Federal ID Number		
Billing Address	City	County	State	Zip Code
Contact		Telephone Number	Fax Number	
Nature of Business	Type of Business <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____		Years in Business	

EQUIPMENT TO BE LEASED

Description of Equipment
Equipment Location, If Different
Approximate Equipment Cost
Lease Term Requested
_____ Months

EQUIPMENT DEALER/SUPPLIER

Name _____

Contact Person _____ Telephone No. _____

OFFICER/OWNER (1) PERSONAL INFORMATION

Name	Title	Percentage of Ownership	Social Security Number
Home Address	City	State	Zip Code
			Home Telephone Number

OFFICER/OWNER (2) PERSONAL INFORMATION

Name	Title	Percentage of Ownership	Social Security Number
Home Address	City	State	Zip Code
			Home Telephone Number

BANK INFORMATION

Name of Bank (Business Checking)	Account Number	Telephone Number	Contact
Name of Bank (Lease or Loan)	Account Number	Telephone Number	Contact

TRADE REFERENCES (Where you buy products and/or services on credit)

1.	Contact	Telephone Number
2.	Contact	Telephone Number
3.	Contact	Telephone Number

BUSINESS LANDLORD

Name _____ Telephone Number _____

The undersigned individual as principal of or guarantor for the Applicant, authorizes General Funding, its designee, assigns or potential assigns, to secure and review information regarding the credit standing of the Applicant and his/her personal credit profile provided by national credit bureaus in considering the Applicant's lease application and for the purpose of any update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. A fax, photocopy or electronic transmission of this authorization shall be valid as the original.

SIGNATURE _____