

# National Equipment Leasing | Credit Application

## Titled Equipment / Owner Operators

9801 Fall Creek Road #342 Indianapolis, IN 46256  
 Ph (317) 823-0447 Toll (888) 613-9797 Fax (317) 823-0474  
[www.nationalequipmentleasing.com](http://www.nationalequipmentleasing.com)

### Fax to attention of:

- Bud Callahan     Stephanie Trees     Jason Ames  
 Rob Noble     Mary Ann Callahan     Patrick Sponcel

### BUSINESS INFORMATION

Business Name			Telephone
Street Address			Fax
City/State/Zip			Contact Person
Business Type	Business Start Date	Years As Driver	Fed. Tax I.D.
Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/>			Email Address
Location of Equipment When Not In Use (Street/City/State/Zip)			Company's Annual Sales
Any unsettled lawsuits, judgments, disputes or outstanding tax obligations?    Yes <input type="checkbox"/> No <input type="checkbox"/> Bankruptcy ever filed by business?    Yes <input type="checkbox"/> No <input type="checkbox"/> When?			Company's Net Worth

### HAUL REFERENCE

Company Name	Contact Person	Phone	
Type of Goods Hauled	Payment Arrangement (% , rate per mile, flat fee))	Interstate <input type="checkbox"/> Local <input type="checkbox"/>	Written Contract <input type="checkbox"/> Verbal Contract <input type="checkbox"/>

### BANK INFORMATION

Bank Name	Contact Person	Contact Phone
Account Number	Account Type	Average Balance

### OWNERSHIP/GUARANTOR INFORMATION

Full Name	Title	% Owned	Social Security Number	
Home Address (Street/City/State/Zip)		Birth Date	Own <input type="checkbox"/> Rent <input type="checkbox"/>	Bankruptcy Filed Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Phone	Mobile Phone	Email Address		
Spouse's Name	Spouse's Social Security Number		Spouse's Employer	
Full Name	Title	% Owned	Social Security Number	
Home Address (Street/City/State/Zip)		Birth Date	Own <input type="checkbox"/> Rent <input type="checkbox"/>	Bankruptcy Filed Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Phone	Mobile Phone	Email Address		
Spouse's Name	Spouse's Social Security Number		Spouse's Employer	

### EQUIPMENT INFORMATION \*\*\*Attach Invoice W/Equipment Description\*\*\*

Vendor	Contact	Phone	Fax
Equipment		New <input type="checkbox"/> Used <input type="checkbox"/>	Price W/O Tax
Preferred Term	Preferred Lease/Loan Structure	Preferred Advance Payments	Preferred Residual

By signing below, the undersigned individual, who is either a principal of the credit applicant and/or a personal guarantor of its obligations, provides written instruction to National Equipment Leasing or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. Undersigned further authorizes release of all bank information for personal and corporate accounts by phone or fax. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_