



Mailing Address:

P.O. Box #10936, Tempe, AZ 85284

Cell: (602) 826- 3080 Phone: (480) 730-7952

Email: ejprolease@cox.net

Website: ejprolease.com

CREDIT APPLICATION

APPLICANT NAME (Company)	TELEPHONE
ADDRESS CITY STATE ZIP	FAX
CONTACT PERSON/TITLE	FEDERAL TAX ID NUMBER
LOCATION OF EQUIPMENT OR SAME AS ABOVE	TIME IN BUSINESS/YRS
BILLING ADDRESS	LLC CORP PARTNERSHIP SOLE PROP (CIRCLE ONE)
EMAIL ADDRESS	RESALE LICENSE NUMBER/if applicable

OFFICERS OR OWNERS

NAME - PRINT	%	TITLE	HOME ADDRESS	HOME PHONE	SOCIAL SECURITY NO.

BANK REFERENCES

BANK NAME	BRANCH	CHECKING ACCOUNT NUMBER	CONTACT	PHONE

EQUIPMENT (description):

VENDOR NAME AND PHONE:

EQUIPMENT COST \$

APPLICANT'S SIGNATURE – ALL OWNERS MUST SIGN

X	DATE -
X	DATE -

The undersigned individual recognizes that his or her individual credit history may be a factor in the evaluation of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender, or funding service that be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim that they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent. I certify that all information provided or will provide with this application is true and complete.