



# EQUIPMENT FINANCIAL SERVICES, INC.

*Equipment Lease & Finance Application*

P.O. Box 2551 Grand Rapids, MI 49501  
Office: 616-735-2754 Fax: 616-773-1391

Co. Name	Date Established
Address	Phone #
City-State-Zip	Fax #
Type of Business <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Cell Ph #
Contact	Fed ID #
Website	Email

### BANK REFERENCES

Bank Name & Branch	City/State	Telephone #	Account Type	Contact	Account #

### TRADE OR FINANCE REFERENCES

Company Name	City/State	Telephone #	Contact	Account #

### PERSONAL INFORMATION (Principles or Guarantors)

Name		
Street Address		
City, State & Zip		
Home Phone #		
Social Security #		
Ownership Percentage		

### VENDOR INFORMATION

Vendor/ Address
Contact
Equipment Cost Subtotal \$                      Tax                      Total \$
Equipment Description

I (We) warrant this information supplied to Equipment Financial Services, Inc. to be true and understand said information will be relied upon by Lessor (or its assigns) in furnishing credit to applicant and I (we) hereby authorize Lessor, and/or any credit bureau or other investigative agency employed by such person to investigate the references supplied to statements or other data obtained from me (us) pertaining to my (our) credit and financial responsibility.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_