



888-901-2090 Voice
 800-308-0112 Fax
www.corporatefunding.com

LEASE APPLICATION

BUSINESS INFORMATION

LEGAL BUSINESS NAME and DBA		TELEPHONE # (must be listed)	FAX #	
BUSINESS STREET ADDRESS (must be a physical address; no PO Box or PMB)	CITY	STATE	ZIP CODE	
GENERAL DESCRIPTION OF BUSINESS or SIC CODE		DATE STARTED (MO/YR)	ENTITY TYPE (S Corp, LLC, etc...)	
COMPANY WEBSITE	# OF EMPLOYEES	DUN & BRADSTREET #	FED. TAX ID #	

PRINCIPAL/OFFICER INFORMATION

PRINCIPAL/OFFICER NAME (#1)	TITLE	OWNERSHIP %	SOCIAL SECURITY #	
HOME ADDRESS (must be a physical address; no PO Box or PMB)	CITY	STATE	ZIP CODE	OWN or RENT
PRINCIPAL/OFFICER NAME (#2)	TITLE	OWNERSHIP %	SOCIAL SECURITY #	
HOME ADDRESS (must be a physical address; no PO Box or PMB)	CITY	STATE	ZIP CODE	OWN or RENT

BANKING INFORMATION

BANK (#1)	BRANCH	TELEPHONE #	CONTACT	
ACCOUNT UNDER NAME OF	CHECKING ACCOUNT #	HOW LONG?	CURRENT BALANCE	
BANK (#2)	BRANCH	TELEPHONE #	CONTACT	
ACCOUNT UNDER NAME OF	ACCOUNT #	HOW LONG?	CURRENT BALANCE	

LEASE/LOAN REFERENCE

INSTITUTION NAME	LEASE or LOAN AMOUNT	ACCOUNT #	TELEPHONE #	CONTACT
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TRADE REFERENCES

COMPANY NAME	HIGH CREDIT	ACCOUNT #	TELEPHONE #	CONTACT

EQUIPMENT INFORMATION

EQUIPMENT VENDOR	CITY & STATE	TELEPHONE #	CONTACT	
VENDOR WEB SITE	EQUIPMENT COST \$	EST. DELIVERY DATE	LEASE TYPE	LEASE TERM
EQUIPMENT DESCRIPTION (attach invoices or quotes if available)				
REASON FOR BUYING EQUIPMENT				

AUTHORIZATION FOR DISCLOSURE OF BUSINESS & PERSONAL CREDIT INFORMATION

By signing below, the undersigned individual who is either a principal of the credit applicant or a personal guarantor of its obligations provides written instruction to Aspen Corporate Funding (and any assignee or potential assignee thereof) authorizing a complete review of his/her business and personal credit profile from whatever sources it deems appropriate. I also authorize the above bank and trade references to release any information that may be requested by Aspen Corporate Funding. The undersigned hereby certifies that all information contained in this application, and all attachments hereto, are true and complete. A photo static or facsimile copy of this authorization shall be valid as the original.

Principal/Officer Name (print): (#1)	Title:	Signature: X _____	Date:
Principal/Officer Name (print): (#2)	Title:	Signature: X _____	Date: