



Lease Application

Under Written By
Strategic Equipment Finance LLC, Ocala, FL. 34471

Return Application To:
AQUAFEW
3559 Road K NW
Quincy, WA 98848

LESSEE: List legal name of entity

Company _____		DBA: _____		
Billing Address _____		City _____	County _____	State _____ Zip _____
Telephone No. _____	Contact Person _____		Federal ID. # _____	
Nature of Business _____	Type of Business Corp. _____ LLC _____ Proprietorship _____		No. of Years in Business _____	

EQUIPMENT TO BE LEASED: Attached separate list if necessary

	Equipment Cost: _____	
	Sales Tax (if applicable) _____	
	Total _____	
	Lease Term _____	Purchase Option _____

EQUIPMENT LOCATION: Complete only if equipment will not be located at lessees address

Address _____	City _____	County _____	State _____	Zip _____
Vendor Name _____				
Vendor Address _____				
Contact Person _____		Telephone No. _____		

PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTORS

Name _____	Title _____	Social Security No. _____	Business % Owned _____
Home Address _____			Home Phone No. _____
Name _____	Title _____	Social Security No. _____	Business % Owned _____
Home Address _____			Home Phone No. _____

COMPANY AND BANK REFERENCE - TWO YEAR HISTORY (Needed to establish loan history)

Name of Bank/Branch _____	How Long? _____	Account No. _____	Telephone No. _____	Contact Person _____
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CREDIT REFERENCES - TWO YEAR HISTORY (Installment Debt., and Trade Reference) (Needed to establish high credit and payment history)

Name of Creditor _____	City, State _____	Account Number _____	Telephone No. _____	Contact Person _____
Name of Creditor _____	City, State _____	_____	Telephone No. _____	Contact Person _____
Name of Creditor _____	City, State _____	_____	Telephone No. _____	Contact Person _____

The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may 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 they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent. I/We will also provide financial statements, tax returns, etc. as you deem necessary. I/we agree that the Advance Payment is not refundable unless application is rejected by Lessor.

LESSOR does not represent guarantees, warranties, or maintenance on any equipment as stated in body of lease

FOR IMMEDIATE PROCESSING, PLEASE FAX APPLICATION TO (352) 861-5600

Name _____ Title _____ Date _____

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