



SPAFFORD LEASING ASSOCIATES, INC.

### LEASE APPLICATION

Please complete in full, sign and fax to (413) 526-0978 or Email to [angelaf@spafford.com](mailto:angelaf@spafford.com)

Vendor Contact	Vendor Company Name	Address	City	State	Zip Code
Vendor Phone Number		Vendor Fax Number	Vendor Email Address		
Lessee Legal Company Name		DBA			
Lessee Address		City	State	Zip	
Lessee Telephone Number	Lessee Contact Person		Title	Federal Tax ID.	
Lessee Fax Number		Lessee Number of Employees			
Nature of Business	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership <input type="checkbox"/> Non Profit	No. of Years in Business (Under present ownership)	Equipment Cost	
Lease Term	<input type="checkbox"/> 24 Mos <input type="checkbox"/> 36 Mos <input type="checkbox"/> 48 Mos <input type="checkbox"/> 60 Mos		Purchase Option <input type="checkbox"/> \$1 <input type="checkbox"/> 10% <input type="checkbox"/> FMV	Monthly Payment*	
Equipment Description (disclose if new or used)			Lessee Email Address	Lessee Web Site	

<b>LIST BANK OR BANKS. PREVIOUS BANK REQUIRED IF APPLICANT HAS BEEN AT PRESENT BANK LESS THAN TWO YEARS</b>					
PRESENT BANK OF APPLICANT			PREVIOUS OR SECOND BANK OF APPLICANT:		
BRANCH/ADDRESS		PHONE	BRANCH/ADDRESS		PHONE
NAME OF BANK OFFICER	ACCOUNT #	TYPE	NAME OF BANK OFFICER	ACCOUNT #	TYPE
<b>LOAN/LEASE/TRADE REFERENCES:</b>					
NAME AND ADDRESS		PHONE:	CONTACT		
1)					
2)					
<b>I AUTHORIZE THE RELEASE OF ANY CREDIT OR FINANCIAL INFORMATION TO LESSOR AND/OR ITS DESIGNEES OR ASSIGNEES:</b>					
<b>AUTHORIZED SIGNER &amp; TITLE</b>					

<b>PERSONAL DATA</b>			
Name	Home Address	Soc. Sec. No.	Ownership %
Name	Home Address:	Soc. Sec. No.	Ownership %

\*Adjustments to Equipment Cost will result in corresponding adjustments to monthly payments.

Notice: The person(s) supplying the above information certifies to Spafford Leasing Associates, Inc. and its designee(s) that it is true, correct and complete and is given to induce Spafford Leasing Associates, Inc. and/or its designee(s) to extend credit. We authorize Spafford Leasing Associates, Inc. and its designee(s) to make such credit investigations as they see fit, including contacting the above trade references and banks and obtaining credit reports. We authorize all trade references, banks and credit reporting agencies to disclose any and all information concerning the financial and credit history of my company and myself. This authorization also includes obtaining and using consumer credit reports from time to time in the credit evaluation and collection processes.

**A COMPLETE AND ACCURATE APPLICATION WILL ENABLE US TO PROVIDE YOU WITH A QUICK DECISION**