

# U.S. FINANCIAL SERVICES, INC.

\_\_\_\_\_

## EQUIPMENT LEASE APPLICATION

21599 WEST ELEVEN MILE, SUITE 100  
SOUTHFIELD, MICHIGAN 48076-3802  
248-356-4500 ● FAX: 248-356-4707  
Toll Free: 800-621-6916  
E-Mail: vickie@usfleasing.com

### LESSEE:

COMPANY LEGAL NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE # ( ) \_\_\_\_\_ FAX # ( ) \_\_\_\_\_  
CONTACT & TITLE \_\_\_\_\_ EMAIL \_\_\_\_\_  
YEARS IN BUSINESS \_\_\_\_\_ FEDERAL TAX ID# \_\_\_\_\_  
CORPORATION ( ) LLC ( ) PARTNERSHIP ( ) PROPRIETORSHIP ( ) NON-PROFIT ( )  
NATURE OF BUSINESS \_\_\_\_\_  
EQUIPMENT LOCATION: \_\_\_\_\_

### OWNER / PRINCIPAL:

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_  
SSN \_\_\_\_\_ 1040 INCOME \_\_\_\_\_ OWNERSHIP \_\_\_\_\_ %  
SIGNATURE X \_\_\_\_\_ YOU AUTHORIZE USF TO INVESTIGATE YOUR CREDIT AS PROVIDED BELOW

NOTE: Type Signatuare Name into form

### OWNER / PRINCIPAL:

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_  
SSN \_\_\_\_\_ 1040 INCOME \_\_\_\_\_ OWNERSHIP \_\_\_\_\_ %  
SIGNATURE X \_\_\_\_\_ YOU AUTHORIZE USF TO INVESTIGATE YOUR CREDIT AS PROVIDED BELOW

NOTE: Type Signatuare Name into form

### ACCOUNTANT:

COMPANY NAME \_\_\_\_\_ COMPANY NAME \_\_\_\_\_  
PHONE # ( ) \_\_\_\_\_ PHONE # ( ) \_\_\_\_\_

### INSURANCE COMPANY:

### EQUIPMENT VENDOR:

COMPANY NAME \_\_\_\_\_  
PHONE # ( ) \_\_\_\_\_ CONTACT & TITLE \_\_\_\_\_  
EQUIPMENT COST SUBTOTAL \$ \_\_\_\_\_ TAX \_\_\_\_\_ TOTAL \$ \_\_\_\_\_  
EQUIPMENT DESCRIPTION (MAKE, MODEL) \_\_\_\_\_  
\_\_\_\_\_

TERM \_\_\_\_\_ PAYMENT \_\_\_\_\_ ADVANCES \_\_\_\_\_

I (we) warrant this information supplied to U.S. 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 or statements or other data obtained from me (us) pertaining to my (our) credit and financial responsibility.

X

SIGNER GUARANTOR

NOTE: Type Signatuare Name into form

DATE

CLICK GREY BOX (LEFT) TO EMAIL TO USFLEASING AFTER COMPLETION  
for CHROME & Firefox browsers - save form and email to vickie@usfleasing.com