

# EQUIPMENT LEASE APPLICATION FORM

## CUSTOMER

CUSTOMER \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip  
Owner(s) \_\_\_\_\_ US Citizen? Yes\_\_\_\_ No\_\_\_\_ SSN No. \_\_\_\_\_  
\_\_\_\_\_ US Citizen? Yes\_\_\_\_ No\_\_\_\_ SSN No. \_\_\_\_\_  
Nearest Relative not living with you \_\_\_\_\_ Phone No. \_\_\_\_\_  
Nature of Bus. \_\_\_\_\_ Years in Bus. \_\_\_\_\_ FEIN No. \_\_\_\_\_  
Corporation \_\_\_\_\_ State of Inc. \_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_

## EQUIPMENT DESCRIPTION

Equipment Description \_\_\_\_\_  
New\_\_\_\_ Used\_\_\_\_  
Cost (\$ w/o Tax) \_\_\_\_\_ Term \_\_\_\_\_ Payment Amount \$ \_\_\_\_\_  
Factor \_\_\_\_\_ Purchase Option \_\_\_\_\_ Tax Amount \$ \_\_\_\_\_  
Advanced Payments \_\_\_\_\_ Security Dep. \_\_\_\_\_ Total Payment \$ \_\_\_\_\_

## CREDIT LIFE & DISABILITY INSURANCE OPTIONS

\_\_\_\_ **NO**, I do not want credit life & disability insurance coverage for my lease obligation.

## TRADE REFERENCES

Name: _____ City/State: _____ Ph: _____	Name: _____ City/State: _____ Ph: _____	Name: _____ City/State: _____ Ph: _____
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## BANK REFERENCE/RELEASE FORM

Bank \_\_\_\_\_ Attention \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Ph # \_\_\_\_\_ Fax # \_\_\_\_\_ Customer Name \_\_\_\_\_  
Account Number(s) # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

Ocean Machinery's Leasing Company will be requesting information by telephone on all accounts maintained at your bank.

Please sign this release as authorization to provide the requested information.

X \_\_\_\_\_ Date \_\_\_\_\_