

CU Lease Plans

Your Credit Union's Partner for Small Business Leasing

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www.culeaseplans.com

EQUIPMENT LEASE APPLICATION

BUSINESS INFORMATION						
COMPANY LEGAL NAME				CONTACT		DATE
DBA OR TRADESTYLE				WEBSITE		
ADDRESS		CITY	COUNTY	STATE	ZIP	PHONE #
EQUIPMENT LOCATION ADDRESS (IF DIFFERENT)		CITY	COUNTY	STATE	ZIP	FAX #
BUSINESS DESCRIPTION						
ORGANIZATIONAL ID #			STATE OF ORGANIZATION		STRUCTURE OF OWNERSHIP	
DATE EST.	YRS CURR/OWNERSHIP	YRS/CURR ADD	# OF EMPLOYEES	FED TAX ID #	<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> L.L.C. <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SUB CHAPTER S <input type="checkbox"/> CORPORATION <input type="checkbox"/> PUBLIC	

OWNERSHIP INFORMATION						
PRINCIPAL'S NAME			TITLE	%OF OWNERSHIP	E-MAIL ADDRESS	
HOME ADDRESS			<input type="checkbox"/> RENT HOW LONG <input type="checkbox"/> OWN	SOC SEC #	HOME PHONE #	
PRINCIPAL'S NAME			TITLE	%OF OWNERSHIP	E-MAIL ADDRESS	
HOME ADDRESS			<input type="checkbox"/> RENT HOW LONG <input type="checkbox"/> OWN	SOC SEC #	HOME PHONE #	
PRINCIPAL'S NAME			TITLE	%OF OWNERSHIP	E-MAIL ADDRESS	
HOME ADDRESS			<input type="checkbox"/> RENT HOW LONG <input type="checkbox"/> OWN	SOC SEC #	HOME PHONE #	

CREDIT REFERENCES						
BANK/CREDIT UNION/LENDER NAME			NAME ON ACCOUNT			
CONTACT NAME		PHONE #	FAX #	DATE OPENED	AVERAGE BALANCE \$	
<input type="checkbox"/> CHECKING ACCT. # _____ <input type="checkbox"/> SAVINGS ACCT. # _____		<input type="checkbox"/> LEASE ACCT. # _____ <input type="checkbox"/> LOAN ACCT. # _____				
BANK/CREDIT UNION LENDER NAME			NAME ON ACCOUNT			
CONTACT NAME		PHONE #	FAX #	DATE OPENED	AVERAGE BALANCE \$	
<input type="checkbox"/> CHECKING ACCT. # _____ <input type="checkbox"/> SAVINGS ACCT. # _____		<input type="checkbox"/> LEASE ACCT. # _____ <input type="checkbox"/> LOAN ACCT. # _____				

TRADES/SUPPLIERS

COMPANY NAME	PHONE	CONTACT NAME	ACCOUNT #

VENDOR

VENDOR NAME	CONTACT	PHONE #
ADDRESS	DELIVERY DATE	P.O. NEEDED
EQUIPMENT DESCRIPTION (MAKE, MODEL, SERIAL #)	EMAIL ADDRESS	WESITE

TERM REQUEST

LEASE AMOUNT \$	LEASE TERM MONTHS	END OF LEASE OPTIONS <input type="checkbox"/> \$100.00 <input type="checkbox"/> 10% <input type="checkbox"/> FMV <input type="checkbox"/> PUT
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COMPANY OVERVIEW

APPROXIMATE ANNUAL SALES \$	APPROXIMATE ANNUAL PROFIT \$
WHAT DOES YOUR BUSINESS DO? _____	
HAVE YOU EVER LEASED BEFORE? YES <input type="checkbox"/> OR NO <input type="checkbox"/> IF YES, WITH WHOM? _____	

APPLICANTS AUTHORIZATION - BUSINESS

The above information, together with any accompanying financial statements, schedules, or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct and complete. CULP is hereby authorized to investigate (directly or through an agent or nominee) our credit and financial responsibility. We understand that such investigation may include seeking information as to the background, credit and financial responsibility of our officers and principals (or any of them).

DATE	SIGNATURE	TITLE
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CREDIT AUTHORIZATION - OWNERS

By signing below, the undersigned individual, who is either a principal of the credit applicant or a guarantor of it's obligations, authorizes CULP or its agent to investigate his/her personal credit and financial records including banking records. As part of such investigation, I authorize CULP to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal and extension of this and other accounts with CULP. I further authorize CULP to share information received from my consumer credit report or otherwise relating to my application or its investigation with any credit union referring me to CULP or with CULP's parent, subsidiaries, and affiliates (and others if applicable). Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for the purpose of update, renewal or the extension of such credit or additional credit and for reviewing and collecting the resulting account. If I request, you will tell me whether my consumer credit report was requested and, if so, the name and address of the consumer credit reporting agency that furnished the report. A photostat or facsimile copy of this authorization shall be valid as the original. By signing below, I/we affirm our identity as the respective individuals identified in the related application.

NAME	SIGNATURE	DATE
NAME	SIGNATURE	DATE
NAME	SIGNATURE	DATE

If your application for commercial credit is denied, you have the right to a written statement of the specified reasons for denial. To obtain the statement, please write our Credit Manager, 818 E. Osborn Rd., Suite 200, Phoenix, AZ 85014 within 60 days of the date you are notified of our decision. We will send you a written statement detailing our reasons for decline within 30 days of receiving your request. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing the applicant has the capacity to enter into a binding contract); because all or part of the applicants income derives from an public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.