

Please return completed application via fax to 1-888-782-3112.

LEASE APPLICATION

LESSEE

FULL LEGAL NAME (BUSINESS ENTITY)			
BILLING ADDRESS			
CITY	COUNTY	STATE	ZIP
EQUIPMENT LOCATION			
CITY	COUNTY	STATE	ZIP
CONTACT NAME			
CONTACT PHONE (AREA CODE)		FAX NUMBER	
EMAIL ADDRESS		WEBSITE	

UNIVERSAL LEASING SERVICES

120 SW 2nd Street, Suite 106
 Lee's Summit, MO 64063
 Telephone 1-800-223-8522
 Fax 1-888-782-3112

VENDOR

NAME			
ADDRESS			
CITY	COUNTY	STATE	ZIP
PHONE		FAX	
SALES PERSON			
EMAIL ADDRESS		WEBSITE	

EQUIPMENT

DESCRIPTION	COST

	TAX

APPROX. DATE OF DELIVERY: _____ EQUIPMENT: NEW _____ USED _____	TOTAL COST

LEASE TERMS

TERM	LEASE END	MONTHLY RENT \$	ADVANCED RENT \$
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CREDIT INFORMATION

TYPE OF BUSINESS	FEDERAL TAX ID #	DATE ESTABLISHED	YEARS UNDER PRESENT CONTROL
BUSINESS STRUCTURE			
C-Corp	S-Corp	Proprietorship	Partnership
LLP	LLC	Not for Profit	
PRIMARY BANK	ADDRESS (CITY, STATE)	PHONE NUMBER (AREA CODE)	
CHECKING ACCOUNT NUMBER	COMMERCIAL OR INSTALLMENT LOAN ACCT. NO.	BANK OFFICER	
SECONDARY BANK	ADDRESS (CITY, STATE)	PHONE NUMBER (AREA CODE)	
CHECKING ACCOUNT NUMBER	COMMERCIAL OR INSTALLMENT LOAN ACCT. NO.	BANK OFFICER	
TRADE REFERENCE/ACCOUNT#	CONTACT NAME	PHONE	
TRADE REFERENCE/ACCOUNT#	CONTACT NAME	PHONE	
TRADE REFERENCE/ACCOUNT#	CONTACT NAME	PHONE	

PERSONAL CREDIT INFORMATION

PRINCIPLE NAME	TITLE	% OWNED	HOME ADDRESS	SS#
PRINCIPLE NAME	TITLE	% OWNED	HOME ADDRESS	SS#
PRINCIPLE NAME	TITLE	% OWNED	HOME ADDRESS	SS#



Since 1987

UNIVERSAL LEASING SERVICES, INC.
120 SW 2nd Street, Suite 106
Lee's Summit, MO 64063
Voice 816-347-0808 Fax 816-347-9494
bob@uls-usa.com

RELEASE AUTHORIZATION

I/We as principal and/or guarantor of this company authorize(s) ULS and/or it's designee(s) to review my/our personal credit profile provided by national credit bureaus in considering this application and for the purpose of update, renewal or extension of credit to this applicant or the collection of any resultant accounts. Furthermore, I/we authorize ULS and/or it's designee(s) to obtain credit information on our business by telephone or facsimile from whatever source it deems necessary, including but not limited to our bank and trades.

I/We understand that ANY information obtained will be treated confidentially. It will be used only in assisting ULS and/or it's designee(s) in securing lease financing.

A photo-copy of this authorization can be accepted as an original.

Company Name: _____

Signature: _____
Name: _____
Title: _____
Date: _____

Signature: _____
Name: _____
Title: _____
Date: _____

Signature: _____
Name: _____
Title: _____
Date: _____

Signature: _____
Name: _____
Title: _____
Date: _____