

# Lease Application



## Alpine Equipment Funding

Please fax application to:  
 160 Newport Center Dr. Ste. 116  
 Newport Beach, CA 92660  
 T: 800.640.8660  
 F: 949.706.9764  
 Email: [clayton@alpinefunding.us](mailto:clayton@alpinefunding.us)

### Customer Information

BUSINESS NAME			
ADDRESS		CITY	STATE ZIP
PHONE #	FAX #	E-MAIL ADDRESS	
CHECK ONE: CORP <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	PROPRIETORSHIP <input type="checkbox"/>	LLC <input type="checkbox"/>
TYPE OF BUSINESS		# OF YEARS	FEDERAL TAX ID. #
PRINCIPAL #1		% OWNED	LESSEE CONTACT
PRINCIPAL #2		% OWNED	
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
PHONE #	SOC. SEC. #	PHONE #	SOC. SEC. #

### Authorization to Release Information

The undersigned individual recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes Alpine Equipment Funding and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right to claim they would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent. A fax or photocopy of this authorization shall be valid as the original.

I authorize and instruct any person or consumer reporting agency to compile and furnish any information it may have to obtain in response to such inquiries.

SIGNATURE	DATE	SIGNATURE	DATE
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### Equipment Description

EQUIPMENT SUPPLIER	CONTACT	PHONE #
MAKE, MODEL	COST	

### Bank Reference

BANK	ACCT #	DATE OPENED
CONTACT	ACCT TYPE	PHONE #

### Trade References

SUPPLIER	PHONE #	FAX#
SUPPLIER	PHONE #	FAX#
SUPPLIER	PHONE #	FAX#

### Insurance information

AGENTS NAME	PHONE #	FAX#
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