

## Lease Application

(800) 299-4348 • fax (714) www.fitleasing.com jschmitz@fitleasing.com	) 638-4170					
Date						
Customer Contact						
Customer Email						
Legal Business Name						
Business Address						
City		County			State	Zip
Type of Business				Phone		
Date Opened	Corp	LLC	Partner	Prop	Tax ID	

## Officers/Owners (Those Authorized to Sign A Lease)

Name	Title	Home Address	Email	Phone	SS#

**Equipment Description** 

Installation Address (if different)

Vendor Name

Vendor Phone

By signing below, the undersigned individual(s) authorize broker or its assignee to review his/her personal credit profile from a national credit bureau. Such authorization for obtaining credit, update or renewal or extension of credit, or for additional credit and for reviewing and collecting of any account. A facsimile, electronic or email copy of this authorization shall be as valid as the original. This signature authorizes broker or its assignee to communicate with signer or their designees by email, fax, personal visit, telephone or other means for the purposes listed above.

Vendor Email

Contact

By

Date

Price

Date

By