



# LEASING APPLICATION

**551 Phalen Blvd, St. Paul, Minn. 55130**

**With Questions, Contact John Cavanaugh at 612-600-4797. Fax Completed and Signed Application to 651-778-8886**

**IMPORTANT INFORMATION:** If you are applying for individual lease or for joint lease with another person (including a joint account or an account that you and another person will use) complete all sections providing information about each individual applicant, joint applicant or user. If you are applying to guarantee the obligations of a business, complete all sections providing information about yourself. **Persons providing information who are not Applicants, Guarantors, or Company Authorized Signers should not sign this statement.**

**BUSINESS INFORMATION** IF REQUEST EXCEEDS 250,000, PLEASE INCLUDE YOUR LAST 2 YEAR-END BUSINESS FINANCIALS AND AN INTERIM STATEMENTS (if available)

Legal Business Name		DBA Name		Tax Identification No.	
Street Address (no P.O. Boxes)			Billing Address (no P.O. Boxes)		
City/County/State/ZIP					
Equipment Location (if different from above): Street Address/City/County/State/ZIP					
Contact		Phone No. ( )		Fax No. ( )	
Nature of Business	Time in Business	Time as Owner	No. of Employees	Gross Annual Revenue	
Is your business sales tax exempt? If "YES" indicate tax exempt number: <input type="checkbox"/> NO <input type="checkbox"/> YES			E-Mail Address		

Sole Proprietorship  
 Individuals applying jointly for business purpose lease  
 General Partnership  
 Limited Partnership  
 Corp. or Ltd. Liability Co.  
 Date of Org. \_\_\_\_\_  
 State of Org. \_\_\_\_\_  
 Other: \_\_\_\_\_

**GUARANTOR INFORMATION (ALL 20% OR MORE OWNERS AND OTHER GUARANTORS)**

Principal/Partner/Officer	Title	% Ownership	Date of Birth	Social Security #	U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Address		City	State	ZIP	Home Phone ( )
Billing Address (if different)		City	State	ZIP	Phone ( )
Principal/Partner/Officer	Title	% Ownership	Date of Birth	Social Security #	U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Address		City	State	ZIP	Home Phone ( )
Billing Address (if different)		City	State	ZIP	Phone ( )

**EQUIPMENT INFORMATION**

Please indicate the equipment you are planning to acquire:

Equipment Supplier:	Estimated Total Equipment Costs: \$
Structure: <input type="checkbox"/> Nominal (e.g. \$1) Purchase Option Lease <input type="checkbox"/> Fair Market Value Purchase Option Lease	TERM _____ Months

**BANK REFERENCE**

Bank Reference Name	Account/Loan Officer	Phone No. ( )
Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/> Line of Credit	Account No.	Average Balance (6 months) \$

**"You," the "Applicant" (both terms include the business entity as well as all of the individuals named above), certify to us that you are applying for credit for business reasons, and not for personal, family or household purposes. Applicant authorizes, Stone Machinery to obtain information from others concerning Applicant's credit and trade standing, including Applicant's personal credit report, and other relevant information impacting this application, and if the Lease is approved, from time to time during the term of the Lease. The undersigned certifies they are applying for business purposes only and authorizes Stone Machinery or it's assignee to investigate all information contained herein and accompanying this application. The undersigned authorizes and requests all parties to release any information requested concerning personal or business credit standing.**

**COMPANY AND GUARANTOR SIGNATURES (SIGN BOTH PLACES BELOW)**

We/I certify that we/I have read and agree with applicable terms and conditions above.

Company Authorized Signature XX	Title	Date
Company Authorized Signature	Title	Date
Guarantor / Owner / Individual Signature XX	Guarantor / Owner / Individual Signature	