

Allco Leasing, a division of Leaf Financial Corp.

APPLICATION

BUSINESS NAME		DBA		TAX ID/EIN/BUSINESS LICENSE #	
LOCATION ADDRESS			CITY	STATE	ZIP
			COUNTY		
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			CITY	STATE	ZIP
BUSINESS PHONE NUMBER		CELL PHONE NUMBER		FAX NUMBER	
FORM OF BUSINESS (CIRCLE ONE): C-CORP S-CORP PARTNERSHIP PROP LLC					YEAR STARTED
YEARS IN INDUSTRY:			LINE OF BUSINESS:		
APPLICANTS NAME		SOCIAL SECURITY NO.		TITLE	% OF OWNERSHIP
SPOUSE'S NAME NOT MARRIED		SOCIAL SECURITY NO.		DO YOU OWN YOUR HOME?	
				YES NO	
ADDRESS			CITY	STATE	ZIP
			HOME PHONE NUMBER		
CO-APPLICANTS NAME		SOCIAL SECURITY NO.		TITLE	% OF OWNERSHIP
SPOUSE'S NAME NOT MARRIED		SOCIAL SECURITY NO.		DO YOU OWN YOUR HOME?	
				YES NO	
ADDRESS			CITY	STATE	ZIP
			HOME PHONE NUMBER		
EQUIPMENT DESCRIPTION		MODEL		SERIAL/VIN NO.	PRICE
VENDOR		SALESPERSON		PHONE	
BANK NAME/BRANCH		OPENED	CONTACT	PHONE	ACCOUNT NO.
FINANCING REFERENCES		SINCE	CONTACT	PHONE	PRODUCT
Have any of the above applicants ever filed bankruptcy or have any liens, judgments, or legal actions taken against them? Yes _____ No _____ I hereby certify that all statements in this application are true and complete. I hereby authorize Leaf Financial Corp., its affiliates, or nominees to investigate the references listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility.					
Applicant Signature: _____				Date: _____	
Co-applicant Signature: _____				Date: _____	

"Your Success – Our Goal"

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