



**STERLING**  
CAPITAL  
PARTNERS, LLC

T. 800-592-7348  
T. 860-254-5454  
F. 860-254-5455

# Lease Application

Business Name/Leasee			Phone #	
Address			FAX #	
City		State	Zip	
Location of Equipment, if other than above			Time in Business	Corp. ___ Partn. ___ LLC ___ Sol Prp ___
Type of Business	Time in Business	No. of Employees		Fed Tax ID #
Name of Corp Sec	Install Date	Date of Incorporation	State of Incorporation	
Comments				
Principal or Officer		Spouse	Title	% Own
Home Address		City	State	Zip
Principal or Officer		Spouse	Title	% Own
Home Address		City	State	Zip
Bank/Branch	Date Opened	Account No.		Contact
Bank/Branch	Date Opened	Account No.		Contact
Trade References	Date Opened	High Credit		Contact
	Date Opened	High Credit		Contact
	Date Opened	High Credit		Contact
Vendor		Contact		Phone #
Address		City	State	Zip
Equipment to be Leased			New ___ Used ___	Equipment Cost

I certify: (I) the information provided is true and correct, (II) you are hereby authorized to investigate all bank, credit, and trade references, and said references are hereby authorized to release any requested information to you or your nominee, (III) such authorization shall extend to obtaining personal credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account, (IV) this information may be transmitted by us to you and by you to underwriter/s for the purpose of granting me credit, either electronically or manually, and that by submitting this application, I take full responsibility for the transmission thereof, (V) I am over 18 years of age, (VI) I acknowledge my rights under the Fair Credit Opportunity Act and (VII) this request is for business and not consumer purposes.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_