



EQUIPMENT LEASING APPLICATION

Business Name: _____ Trade Name: _____
Address: _____
City: _____ State: _____ ZIP: _____ County: _____ NAICS Code: _____
Tax ID Number: _____ Telephone Number: _____ Fax Number: _____
Description of Business: _____

Legal Status: "C" Corporation Corporation (subchapter "S") Sole Proprietorship
 Partnership Professional Corporation Other: _____

Date Business Founded: _____
Company Net Worth: _____
Annual Sales: _____

Number of Employees: _____

Credit Request Cost Amount
Cost of Equipment: \$ _____
Cost of Installation: \$ _____
Total: \$ _____
Less: Down Payment: \$(_____)
Amount Financed: \$ _____

Lease:	Equipment Type	Term in years
<input type="checkbox"/>	New	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Other
<input type="checkbox"/>	Used	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
<input type="checkbox"/>	End of Term Option	
	<input type="checkbox"/>	Fair Market Value
	<input type="checkbox"/>	Fixed Purchase Option _____%
	<input type="checkbox"/>	\$1.00 Buy-out

List of Collateral to secure this loan: [Equipment description, make, model, serial number (s)]

Bank Reference

Bank Name: _____ Telephone: _____
Contact Person: _____ Average Monthly Balance: _____

Owners' Information Please provide the requested information for all principals owning 20% or more of the Business. Attach a separate sheet with the requested information for any additional Principals.

Owner 1:

Name: _____ SSN: _____ Percent Ownership: _____
Address: _____ City: _____ State: _____ ZIP: _____
Business Title: _____ Required to sign Notes: Yes _____ No _____

For the purpose of procuring credit or any other financial accommodation from you from time to time, direct or contingent, the undersigned represents that the following is a true statement of the financial condition of the undersigned and of all facts set forth herein, and that there has been no change materially impairing the ability of the undersigned to pay all claims and demands against the undersigned. Any and all obligations and liabilities of the undersigned to you, direct or contingent, now existing or hereafter arising, shall thereupon, unless you shall otherwise elect, become and be due and payable forthwith without any demand or notice to the undersigned if it shall appear at any time that any of the statements contained herein are untrue. The undersigned further represents that neither the undersigned, nor any principal officer of the undersigned has any record or reputation of having violated any federal or state laws relating to liquor, narcotics or contraband, and no such person has been convicted of any felony. You or your assigns are authorized to make all inquiries you deem necessary to verify the accuracy of statements made herein and to determine the undersigned's credit worthiness.

If you have any questions regarding this application or program, please call (312) 382-5000.
Please FAX (312-704-0803) or mail to Barrett Trade & Finance Group, LLC 10 S. Riverside Plaza, Suite 1520 Chicago, Illinois 60606

Signed: _____ Date: _____

Print Name: _____ Date of Birth: _____ SSN: _____

Signed: _____ Date: _____

Print Name: _____ Date of Birth: _____ SSN: _____