



CR-FED Leasing LLC
CREDIT APPLICATION FOR EQUIPMENT LEASING

BUSINESS INFORMATION

Company name:			
Phone:	Fax:	Primary E-mail:	
Registered company address:			
City:		State:	County: ZIP Code:
Date established:	Industry:	Fed. Tax ID:	
Sole proprietorship: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Corporation/LLC: <input type="checkbox"/>	Other: <input type="checkbox"/>

OWNER(S) INFORMATION

Principal Name:		Social Security Number:		% Ownership:
Street Address:		City:	State:	ZIP:
Cell Phone:	Home Phone:	E-mail:		
Principal Name 2:		Social Security Number 2:		% Ownership 2:
Street Address 2:		City 2:	State 2:	ZIP 2:
Cell Phone 2:	Home Phone 2:	E-mail 2:		

BANK/TRADE REFERENCES

Bank Reference Name:		Type of Account(s):		
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	E-mail:		
Trade Reference Name:		Type of Account:		
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	E-mail:		

CREDIT RELEASE AUTHORIZATION

By signing below, I/we authorize lessor and its affiliates, successors or its designee (and any assignee or potential assignee thereof) to obtain consumer credit reports relating to my individual credit history and/or creditworthiness. Such authorization shall extend to obtaining a 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. By signature below, I/we affirm my/our identity as the respective individual(s) identified in this application. I hereby certify that the information contained in this lease application is true and accurate and I hereby authorize our banks, trade references, and financial institutions the right to release credit information. In states where permissible, I hereby authorize the filing and recording of UCC financing statements showing the Secured Party's interest in the equipment and grant the Secured Party the right to execute Lessee's/debtors name thereto. A photostat, facsimile, or electronic copy of this authorization shall be valid as the original.

SIGNATURES

Title: Date:	Title: Date:
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