

Attn: United Leasing Associates  
 Phone#: 262-781-4446  
 Fax#: 262-781-4453



**LEASE-TO-OWN FINANCING APPLICATION**

<b>B U S I N E S S</b>	FULL LEGAL BUSINESS NAME/LESSEE			TELEPHONE	FAX NUMBER
	ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY) (ZIP CODE)
	TYPE OF BUSINESS	CONTACT	CONTACT E-MAIL ADDRESS	AGE OF BUSINESS	FED. TAX NO.
	LOCATION OF EQUIPMENT (STREET)		(CITY)	(STATE)	(COUNTY) (ZIP CODE)

<b>O W N E R S H I P</b>	Business Structure (Check One) Proprietorship _____ Partnership _____ Corporation _____				State of Incorporation _____	
	1 <sup>ST</sup> PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET)			(CITY)	(STATE)	(ZIP CODE)
				<input type="checkbox"/> Guaranty		WORK E-MAIL ADDRESS
	HOME E-MAIL ADDRESS		CELL PHONE NO.	HAVE YOU EVER FILED BANKRUPTCY?		DRIVERS LICENSE NO.
			<input type="checkbox"/> YES <input type="checkbox"/> NO			
	2 <sup>ND</sup> PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET)			(CITY)	(STATE)	(ZIP CODE)
				<input type="checkbox"/> Guaranty		WORK E-MAIL ADDRESS
	HOME E-MAIL ADDRESS		CELL PHONE NO.	HAVE YOU EVER FILED BANKRUPTCY?		DRIVERS LICENSE NO.
			<input type="checkbox"/> YES <input type="checkbox"/> NO			
	3 <sup>RD</sup> PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
HOME ADDRESS (STREET)			(CITY)	(STATE)	(ZIP CODE)	
			<input type="checkbox"/> Guaranty		WORK E-MAIL ADDRESS	
HOME E-MAIL ADDRESS		CELL PHONE NO.	HAVE YOU EVER FILED BANKRUPTCY?		DRIVERS LICENSE NO.	
		<input type="checkbox"/> YES <input type="checkbox"/> NO				

<b>B A N K S</b>	BANK	BRANCH	TELEPHONE	FAX
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	OUTSTANDING LOANS	CONTACT
	BANK	BRANCH	TELEPHONE	FAX
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	OUTSTANDING LOANS	CONTACT

<b>I N S</b>	INSURANCE COMPANY	BROKER	TELEPHONE	FAX
	AGENT	POLICY NO (IF KNOWN)		

<b>E Q U I P M E N T</b>	VENDOR			CONTACT
	ADDRESS (STREET)		(CITY)	(STATE) (ZIP CODE)
	EQUIPMENT			ESTIMATED DELIVERY DATE
	COST OF EQUIPMENT \$	RATE / MO. PAYMENT	TERM	RESIDUAL

I hereby authorize United Leasing Associates of America, Ltd. or any credit bureau or other investigative agency employed by United Leasing Associates of America, Ltd. to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility.

\_\_\_\_\_  
 SIGNATURE/TITLE DATE

\_\_\_\_\_  
 SIGNATURE/TITLE DATE