

Chesapeake Industrial Leasing Co., Inc.
9512 Harford Road, Baltimore, Maryland 21234
(410) 661-5000 or (800) 782-1022
FAX (410) 661-5053

Date of Application _____
Vendor _____
Phone No. () _____
FAX No. () _____
Contact _____

Fed I.D. # _____

LESSEE NAME T/A _____

ADDRESS _____ PHONE NO. () _____

Equipment Location _____ FAX NO. () _____

County of Operation _____ TYPE OF BUSINESS _____

Years of Business Under Present Ownership ___Yrs. ___Mos. ()CORP ()"S" CORP ()PART Specify Ltd. or Gen. ()PROP

May we contact Lessee directly? Yes () No () Lessee Contact _____ Title _____

Accountant's Name & Phone Number _____ () _____

Insurance Agent's Name & Phone Number _____ () _____

PRINCIPALS OR OFFICERS (Please include previous address if less than one year)

1. NAME _____ TITLE _____ SS# _____

ADDRESS _____ PHONE () _____

2. NAME _____ TITLE _____ SS# _____

ADDRESS _____ PHONE () _____

EQUIPMENT Description _____ Price w/o Tax _____

Security Deposit _____ Advance Payments _____ Lease Terms (in months) _____

Monthly Payment _____ Tax _____ Total _____ Lease Factor _____

Type of Lease 10% Buyout () FMV () \$1 Buyout () Other (), Please describe _____

BANKS AND TRADE ACCOUNTS

Bank Name _____ Branch – Contact – Phone Number _____ Account Number _____

1. _____ () _____

2. _____ () _____

Loan / Lease / Finance Company References _____ Branch – Contact – Phone Number _____

1. _____ () _____

2. _____ () _____

Trade References _____ Phone Number _____ Contact / Account Number _____

1. _____ () _____

2. _____ () _____

3. _____ () _____

Landlord _____ Phone Number _____ Contact _____

()

Has either applicant been party to any suits, judgments, garnishments, bankruptcy, or other legal proceedings?

Yes () No () If yes, describe particulars on back.

I hereby consent to any necessary credit investigation in condition with this application and authorize credit reporting agencies and agencies of the United States Government to provide information necessary to process said application. I (we) warrant that all information contained in this application is true and complete and grant permission for its retention whether or not credit is extended.

SEE PAGE 2 FOR IMPORTANT INFORMATION REGARDING YOUR RIGHT TO A WRITTEN STATEMENT OF SPECIFIC REASONS IF WE DENY YOUR APPLICATION.

Signature _____ Date _____ Signature _____ Date _____