## Commercial Lease & Finance Corp.

7825 Cove Ridge Dr. Hixson, TN, 37343

Phone: 800-596-2777 Fax: 800-474-0404



VENDOR	CRED	IT APPLICAT	TION	
Name		I	ease Representative	
Sales Representative				
Tel. ()	Fax (	)	Term o	of Lease: months
QTY.	EQUIPM	MENT DESCRIPTION	N	TOTAL PRICE
LESSEE Proprietorsh	nip Partnership	☐ Corporation	Year formed	Yrs. in Bus
Business Name			Tel.	()
Business Address			Fax (	)
City	State	Zip	Mobile Mobile	)
Type of Business			County	
Officer		SS#		Title
Home Address				
Officer —		SS #		Title
Home Address				
TRADE CREDIT REFERENCE Name	Cont	act	Account #	Phone #
CHECKING & LENDING RE	FERENCES			
Bank	Bus. Chec	king #	How I	Many Years?
Tel. ()	Contact _		Loan #	
Bank	Bus. Chec	king #		
Tel. ()	Contact _		Loan #	
By signing below, the undersigne potential assigns, to review his/l purpose of the update, renewal, authorization shall be valid as the	ed individual as principal of her personal credit profile or extension of credit to th	f and/or guarantor for the	he applicant, authorizes CI	&F or its designee, assigns or
Signature		Print Name		Date
Signature		Print Name		Date