



PHONE: 215-362-8823 or 800-699-6656 P.O. Box 298 Lansdale, PA 19446 Fax: 215-362-8862

Email: [contact@phoenixleasingsystems.com](mailto:contact@phoenixleasingsystems.com)

LEASE CREDIT APPLICATION

Full Legal Name of Company:
Address:
Person to Contact: Telephone: ( ) Fax: ( )
Type of Business: Corp ID # State of Inc.: Partnership: Proprietorship:
Nature of Business Date Started: # of owners #of Employees

PRINCIPAL INFORMATION (All Owners)

Table with 2 columns for owner information: Name, Address, Home Phone #, Date of Birth, SS#, %of ownership, Signature & Title.

By signing above, the individual as principal of and/or guarantor for the applicant, authorizes Phoenix Leasing Systems, its designee, assigns orPotential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this Application and for the purpose of the update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

BANK CREDIT REFERENCES

Table with 2 columns for bank references: Bank Name, Account #, Name of Contact, Telephone: ( ) Fax:( )

TRADE CREDIT REFERENCES

Table with 2 columns for trade references: Supplier, Account #, Name of Contact::, Telephone #( ) Fax:( )

EQUIPMENT INFORMATION

Form for equipment information: Description, Delivery Location, CostDo NOT Include Tax, Term Requested, Purchase Option, Tax Exempt, Vendor Name, Contact, Telephone ( ), Vendor Address:

I HEREBY AUTHORIZE MY BANK AND TRADE REFERENCES TO RELEASE ALL INFORMATION REQUESTED BY PHOENIX LEASING SYSTEMS OR ITS ASSIGNEES. THIS INFORMATION CAN BE RELEASED EITHER BY TELEPHONE OR FACSMILE TRANSMISSION WITHOUT ANY FURTHER AUTHORIZATION FROM ME AND WITHOUT DELAY.

SIGNATURE X \_\_\_\_\_ DATE X \_\_\_\_\_