



Equipment Lease Credit Application
 (800) 976-5336 tel
 (512) 329-8649 fax
 email:jwoodward2@austin.rr.com

Please Fax Completed Application to (512) 329-8649
 With Questions call John Woodward at (512) 329-8639

Business Information	Full Legal Name (Include DBA if Applicable)		Tax Identification #	
	Billing Street Address		Website Address	
	City	County	State	Zip Code
	Equipment Location (if different from above) (Street Address/City/County/State/Zip Code)			
Lease Term:	Contact Name and Title		Phone # ()	
	Business Description		# of locations owned	Years in Business
	Name (Principal/Partner/Officer) and Title		Social Security #	
	1. _____		1. _____	
	2. _____		2. _____	
<input type="checkbox"/> 12 Mos. <input type="checkbox"/> 24 Mos. <input type="checkbox"/> 36 Mos. <input type="checkbox"/> 48 Mos. <input type="checkbox"/> 60 Mos.			<input type="checkbox"/> "S" Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP	
<i>Home Address:</i>				
<i>Principal #1</i>				

<i>Principal #2</i>				

Equipment Information	Total Estimated Equipment Cash Price:	\$	# of Advance Payment:	Total Estimated Lease Payment: (without tax)	\$
	Supplier Name(s) Pierson Industries		Contact Name(s)	Phone # (800) 352-2894	

Bank Reference	Business Bank Reference Name	Checking/Loan Account #	Phone # ()
	Address (City, State)		Account/Loan Officer
	Trade Reference Name	Account # / Contact Name	Phone # ()
	Trade Reference Name	Account # / Contact Name	Phone # ()

Credit Information Release	I hereby authorize any bank, financial institution or trade reference listed above to release appropriate credit information on the above account(s).		
	X	_____	_____
	Signature		Date