

# SUN SOUTH EQUIPMENT LEASING, INC.

5300 S.FLORIDA AVE, G-7  
LAKELAND, FL 33813  
863-583-3000 863-583-3100 Fax

## EQUIPMENT LEASING APPLICATION

<b>B U S I N E S S</b>	BUSINESS NAME/LESSEE				TELEPHONE EXT	
	ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)
	TYPE OF BUSINESS			SIC CODE	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					
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	

<b>B A N K S</b>	BANK		BRANCH		FAX	TELEPHONE
	ACCOUNT UNDER NAME OF		CHECKING ACCT. NO.	ORIGINAL BALANCE		CURRENT BALANCE
	BANK		BRANCH		FAX	TELEPHONE
	ACCOUNT UNDER NAME OF		CHECKING ACCT. NO.	ORIGINAL BALANCE		CURRENT BALANCE
	BANK		BRANCH		FAX	TELEPHONE
	ACCOUNT UNDER NAME OF		CHECKING ACCT. NO.	ORIGINAL BALANCE		CURRENT BALANCE

<b>T R A D E S</b>	COMPANY NAME		ACCOUNT NO.	TELEPHONE NO.	CONTACT PERSON

<b>E Q U I P M E N T</b>	VENDOR				CONTACT
	ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)
	EQUIPMENT TO BE LEASED				
	COST OF EQUIPMENT \$		TERMS OF LEASE	RATE / MO. PAYMENT /	DEPOSIT RECEIVED \$

I hereby authorize SUN SOUTH EQUIPMENT LEASING, INC. or any credit bureau or other investigative agency employed by SUN SOUTH EQUIPMENT LEASING, INC. 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.

**X** \_\_\_\_\_ DATE \_\_\_\_\_