

CREDIT APPLICATION

Date: _____

CENTRAL LEASING CO OF NJ, LLC.

32 Central Ave, P.O. Box 130, Midland Park, NJ 07432

PHONE: 201-447-0849 FAX: 201-493-8806

EQUIPMENT:

_____ Total Equipment Cost \$ _____

Equipment type (Include Manufacture, Model #, Serial #) Please attach a copy of customer proposal, invoice or Purchase Order

% Soft Costs (i.e. Software, installation, maintenance) _____ Monthly Payments \$ _____

Term Desired _____ Security Payment \$ _____

LESSEE:

_____ Phone: _____
Name of Lessee (Include DBA , if applicable) _____ Fax: _____

Address _____ Years In Business _____

City _____ State _____ Zip _____ Years @ Present address _____

County _____ State Sales Tax Rate _____% County Sales Tax Rate _____%

Authorized Contact Name: _____ Contact's Title _____

Authorized Signer Name: _____ Signer's Title _____

(Name of authorized person to sign lease, and to whom any correspondence may be directed)

_____ CHECK ONE BELOW

Federal ID # _____ Date/State of Incorporation _____

Corporation	
Non-Profit Corp.	
Partnership	
Proprietorship	
Other	

Description of Business _____

PRINCIPALS:

Name _____ Title _____ % Ownership _____ Social Security # _____ Home Phone _____
Rent Or Own _____

Home Address _____ City _____ State _____ Zip _____

Name _____ Title _____ % Ownership _____ Social Security # _____ Home Phone _____
Rent Or Own _____

Home Address _____ City _____ State _____ Zip _____

IF MORE THAN 2 PRINCIPALS, PLEASE LIST ON SEPARATE PAGE.

BANKS:

Bank: _____ Branch: _____

Phone: _____ Contact: _____

Business Checking Acct # _____ Loan Acct #: _____ Savings Acct. # _____

Bank: _____ Branch: _____

Phone: _____ Contact: _____

Personal Checking Acct # _____ Loan Acct #: _____ Savings Acct. # _____

TRADE REFERENCES:

Name _____ Contact _____ Phone _____

Name _____ Contact _____ Phone _____

Name _____ Contact _____ Phone _____

Name _____ Contact _____ Phone _____

This application must be filled out completely – Please complete other side

DECLARATIONS:

- Yes No Have you ever been sued by a creditor?
- Yes No Have you ever defaulted on a contract obligation?
- Yes No Have you ever declared Bankruptcy? Year _____
- Yes No Is your financial capacity sufficient for performance of this obligation?
- Yes No In the last 12 months, have you made application to any other bank or leasing co. and been rejected?

FINANCIALS:

Answers to the following questions will help us process your application faster:

	Year-To-Date # of Months	Last Year End Fiscal Year End
SALES	\$ _____	\$ _____
PROFIT	\$ _____	\$ _____
TOTAL ASSETS	\$ _____	\$ _____
TOTAL LIABILITIES	\$ _____	\$ _____
NET WORTH	\$ _____	\$ _____

ADDITIONAL:

USE THIS SPACE TO CLARIFY OR EXPAND UPON ANY PART OF THIS APPLICATION

AUTHORIZATION:

I hereby certify that all information contained in this application and all attachments hereto, are true and complete to the best of my knowledge, and are made for the purpose of obtaining credit. I authorize CENTRAL LEASING CO OF NJ, LLC. to obtain a consumer credit and / or business investigative report on myself and / or my business from whatever source it deems appropriate and I further authorize any of the above references to release credit information to CENTRAL LEASING CO OF NJ, LLC. I agree to notify you of any change in the condition of my affairs, and this statement shall be construed by you to be a continuing statement of the conditions of the undersigned until written notice to the contrary is received by you. It is understood that the application shall remain the property of Central Leasing Co of NJ, LLC. whether or not the lease is granted, and that this constitutes an application only and shall not be binding upon either Central Leasing Inc. or the applicant. **This is also an authorization for my bank to release any account information verbally.**

Authorized this ____ day of _____, 20__.

_____ Signature _____ Title

_____ Signature _____ Title

This application must be filled out completely – Return copy by fax and original by Regular Mail

CENTRAL LEASING CO OF NJ, LLC

32 CENTRAL AVENUE

MIDLAND PARK, NJ 07432

PHONE: 201-447-0849

FAX: 201-493-8806

DOCUMENTATION CHECKLIST

In order to provide you with the fastest service possible, we require the following documentation submitted at the time of application:

- Completed credit application (signed)
- Business tax return (signed)
- Personal tax return (signed)
- Business financial statement (signed)
- Personal financial statement (signed)
- Copy of Certificate of Incorporation
- Copy of Certificate of Good Standing
- If Licensed Casino – Copy of license
- If Tribal Casino – Copy of Tribal agreement form

We will need all items listed above for the last two years .

- List of all Officers
- Personal Guaranties

Thank you, for choosing Central Leasing Co Of NJ, LLC.