



# Lease / Finance Application

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## BUSINESS INFORMATION

Legal Name of Company: \_\_\_\_\_

Business Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address (If different than above): \_\_\_\_\_

Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Tax Status: \_\_\_\_\_ In Business Since: \_\_\_\_\_ Years Under Current Ownership: \_\_\_\_\_

Fed Tax ID #: \_\_\_\_\_ State of Incorporation \_\_\_\_\_ Web Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC

## PRINCIPAL / OWNER INFORMATION

Principal/Owner (1): \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ % Ownership: \_\_\_\_\_

Principal/Owner (2): \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Birthdate: \_\_\_\_\_ SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ % Ownership: \_\_\_\_\_

## BANK / LOAN / LEASE / TRADE REFERENCES

Business Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Contact: \_\_\_\_\_

Bank Loan Reference: \_\_\_\_\_ Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Contact: \_\_\_\_\_

Comparable Lease Reference: \_\_\_\_\_ Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Contact: \_\_\_\_\_

Trade Reference: \_\_\_\_\_ Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Contact: \_\_\_\_\_

## EQUIPMENT / LEASE INFORMATION

Vollmer Equipment Description: \_\_\_\_\_ New/Used? \_\_\_\_\_ Equipment Cost: \$ \_\_\_\_\_

Preferred Lease Term: 24 36 48 60 72 84 Months Down Pmt/Trade-in Amt: \$ \_\_\_\_\_ Purchase Option: \$1.00 10% FMV

We authorize and request you and/or your agents and assigns and their affiliates to investigate our financial responsibility and creditworthiness and to share it and collection information with your other creditors. By signing this application we certify the information stated in this application is true and correct and authorize and request our references listed above to release to you any pertinent requested information.

Principal (1) Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Principal (2) Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_