

Please complete the application and fax or email to:
 Phone: (614) 314-3025, johnk@atlasleasingfinance.com
 Fax: (614) 923-7796

BUSINESS CONSTRUCTION EQUIPMENT FINANCE APPLICATION

CUSTOMER (EXACT LEGAL NAME)		DBA				
STREET ADDRESS (NO P.O. BOXES)		CITY	STATE	ZIP	FEDERAL TAX ID NO. (IF ANY)	
PHONE NO.		CELL NO.		Email Address		
BUSINESS DESCRIPTION	YEARS IN BUSINESS	YEARS UNDER CURRENT OWNERSHIP		GROSS ANNUAL SALES \$		
CORPORATION	PARTNERSHIP	SOLE PROPRIETOR	LLC	STATE & DATE OF INCORPORATION		SALES TAX EXEMPT: Yes (Attach copy of certificate)

OWNERSHIP INFORMATION

OWNER / PARTNER / MEMBER	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	How Long?	SOCIAL SECURITY NO.	% OWNED	DATE OF BIRTH
STREET ADDRESS	CITY		STATE	ZIP	HOME PHONE NO.	
OWNER / PARTNER / MEMBER	Own <input type="checkbox"/>	Rent <input type="checkbox"/>	How Long?	SOCIAL SECURITY NO.	% OWNED	DATE OF BIRTH
STREET ADDRESS	CITY		STATE	ZIP	HOME PHONE NO.	

NOTE: If additional partners/shareholders/members please include like information on second page.

BANK AND SECURED LOAN OR LEASE REFERENCES

BANK NAME	CONTACT	PHONE NO.	ACCOUNT NO.
BANK / FINANCE COMPANY	CONTACT	PHONE NO.	ACCOUNT NO.
BANK / FINANCE COMPANY	CONTACT	PHONE NO.	ACCOUNT NO.

EQUIPMENT DESCRIPTION / TERMS OF SALE / DEALER INFORMATION

EQUIPMENT DESCRIPTION				
EQUIPMENT DESIGNATION NEW USED	CONTRACT TYPE LEASE LOAN	IF LEASE, END-OF-TERM OPTION	TERM	SKIPS
DEALER / DISTRIBUTOR NAME TNT Equipment Company		CONTACT	TELEPHONE NO.	

Finance Rates are subject to change without notice

SALES PRICE: \$	
FREIGHT/DELIVERY: \$	
SALES TAX: \$	
NET TRADE-IN: \$	
DOWN PAYMENT: \$	
RENTAL CREDIT: \$	
DOC FEE: \$	
TOTAL TO FINANCE: \$	

I understand this equipment application may be approved based on my business and personal credit. I authorize John Krutko and/or it's assignees including but not limited to any lender access personal credit information, to check references, bank accounts and credit information. In accordance with the Patriot Act, I authorize any company to verify that the information I have given and I pledge that the information I have provided is correct. I Authorize that all information be released by telephone. NOTE: Financial Statements, bank statements or tax returns may be required.

X

AUTHORIZED SIGNATURE

DATE