



P.O. Box 13783  
 Tempe, AZ 85284  
 Tel: (480) 893-0244  
 Fax: (480) 893-2344  
 Accounting:

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_  
 Attention \_\_\_\_\_ Title \_\_\_\_\_ Years in Business \_\_\_\_\_  
 Description of Business \_\_\_\_\_ Fed ID # \_\_\_\_\_  Corporation  Partnership

Proprietorship (**Required Information**)

BANKS	Name	Telephone	Account Number	Account Officer
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

CREDIT & TRADE REFERENCE	Name	Contact	Telephone
1.	_____	_____	_____
2.	_____	_____	_____

**If individually owned, a partnership or a closely held corporation, please include and complete the following:**

Name \_\_\_\_\_ S.S.# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Rent  Own  
 Name \_\_\_\_\_ S.S.# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  Rent  Own

I/We have applied to finance equipment. I authorize Forklift Solutions and/or their agent to investigate the references listed above or other credit data including reports from credit reporting agencies which may be required as part of its normal credit approval procedures and authorize that any such information requested may be released by telephone.  
 Authorized this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

**DESCRIPTION OF EQUIPMENT TO BE LEASED**

Quantity	New/Used	Model - Description	Unit Cost	Total Cost

Lease Term: _____	Lease Rate Factor: _____	<b>Total Cost</b>
Purchase Option: _____		
	Number of advanced Payments: _____	Allowance _____
		Net to Finance _____

Tax Rate: \_\_\_\_\_

Dealer \_\_\_\_\_ Salesperson \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_