



3324 E. Atlanta Ave
 Phoenix, AZ. 85040
 Tel: (480) 893-0244
 Fax: (480) 893-2344

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_____
 Signature _____ Title _____

DESCRIPTION OF EQUIPMENT TO BE LEASED

Quantity	New/Used	Model – Description	Unit Cost	Total Cost

Lease Term: _____	Lease Rate Factor: _____	Total Cost
Purchase Option: _____	Number of advanced Payments: _____	
Less Trade In Allowance Net to Finance		

Tax Rate: _____

Dealer _____ **Salesperson** _____ **Phone** _____

Street _____ City _____ State _____ Zip _____ Fax _____