



STANTON LEASING
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 E vanessa@stantonleasing.com

Making a good deal better!

LEASE APPLICATION
 DATE:

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Business Name/Lessee:			Phone Number:		
Address:			Fax:		
City:		State:	Zip:		D&B:
Location of Equipment if other than above, times in business at each additional Location.					
CORP:	Type of Business:	Age of Business	No. Of Employees	Federal Tax ID#	
PARTN:	Name of Corp. Secretary	Install Date	Date of Incorporation	State of Incorporation	
PROPR.	Comments:				

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Principal or Officer	Spouse	Title	%Own	Social Security #
Home Address	City	State	Zip Code	Home Phone#
Principal or Officer	Spouse	Title	%Own	Social Security #
Home Address	City	State	Zip Code	Home Phone#

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Bank/Branch	Date Opened	Account No	Loan #	Phone #	Contact Officer
Bank/Branch	Date Opened	Account No	Loan #	Phone #	Contact Officer

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Trade References	Date Opened	High Credit	City & State	Account #	Phone #	Contact

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Land Lord Information \$/ Month	Term				
Name	Phone#	Fax#			
Address	City	State	Zip	Contact	
Equipment to be leased	New	Used (condition report required.)	Equipment Cost		
Rate Factor	Term	Advance Payments	Total Cost		
Signature:	Date:				