

174 Green Street Melrose, MA 02176  
PHONE: 1-800-761-2118

Please return by fax to: 781-321-4108

***Business Information***

Company Name:	Legal Company Name <i>(if different)</i>	D/B/A	
Street Address:	Type of Business	Website Address	
City, State, Zip:	Phone:	Fax:	Email Address
Legal Entity: (circle one) Corp Partnership Proprietorship LLC Other _____	Date Business Started:	# of employees	Federal EIN Number

***Ownership Information***

Business Owner's Name	Title	% Ownership	Social Security Number
Business Owners Home Address	City, State, Zip		Home Telephone Number
Owner 2 Name	Title	% Ownership	Social Security Number
Owner 2 Home Address	City, State, Zip		Home Telephone Number

***Bank Reference/Business Checking***

Bank Name	Account Number	Contact
Bank Phone Number	Fax	Loan Acct # <i>(if applicable)</i>

***Trade References***

Company Name	Phone	Contact
Company Name	Phone	Contact
Company Name	Phone	Contact

***Equipment (if known)***

Equipment Type	Equipment Cost	Circle One: New or Used
Vendor Name	Vendor Telephone Number	Vendor Fax

I hereby certify that the information contained in this file is true and accurate to the best of my knowledge, and I hereby authorize our banks, credit reporting agencies, and other institutions the right to release credit information to Priority Leasing or their designee. A facsimile of this document with signature shall be considered an original.

Members Signature: \_\_\_\_\_ Date: \_\_\_\_\_

