

BAYTREE LEASING COMPANY, LLC
100 Tri-State International, Suite 275
Lincolnshire, IL 60069

LEASE CREDIT APPLICATION

CUSTOMER _____ **SUPPLIER** _____

Billing Address _____ **Address** _____

(City) _____ (State) _____ (Zip) _____ (City) _____ (State) _____ (Zip) _____

Phone No. () _____ **Phone No.** () _____

Fax No. () _____ **Fax No.** () _____

Contact _____ **Contact** _____

Equipment Location (if other than billing address above):

STREET ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

EQUIPMENT INFORMATION

LEASE STRUCTURE

Qty.	Equipment Description	Model No.	Cost	Term	Payment	Lease Type
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BUSINESS STRUCTURE

FED ID No. _____ **Date business established /Years current ownership** _____ **State Registered** _____
Not for Profit _____ **Corporation** _____ **Proprietorship** _____ **Partnership** _____ **Other** _____

OFFICERS/PRINCIPALS – We do require 100% ownership listed. If there are more than (2) officers/principals, please attach additional sheet with the following information.

Name _____ **Title** _____ **Soc Sec No.** _____ **%Ownership** _____

Home Address _____ **City, State & Zip** _____

Name _____ **Title** _____ **Soc Sec No.** _____ **%Ownership** _____

Home Address _____ **City, State & Zip** _____

FINANCIAL REFERENCES

Bank Name _____ **Branch City/State** _____ **Contact** _____

Phone No. _____ **Fax No.** _____ **Checking A/N** _____

TRADE SUPPLIER REFERENCES - PLEASE INCLUDE (1) LEASING/LOAN REFERENCE

Company Name _____ **City, State** _____ **Contact** _____

Phone No. _____ **Fax No.** _____ **A/N if available** _____

Company Name _____ **City, State** _____ **Contact** _____

Phone No. _____ **Fax No.** _____ **A/N if available** _____

RELEASE

To Whom This May Concern:
This will be your authority and my request for you to release any information concerning personal or company credit standing. I hereby authorize any photo copies of this release.

CUSTOMER NAME _____

SIGNATURE: _____

Title _____ **Date** _____