

1705 Olive Street  
 South Bend, IN 46619  
 Ph: 800.259.4550  
 Fax: 574.287.6007



**LEASE APPLICATION**

Application Fax: 574.287.6007

COMPANY INFORMATION							
Full Legal Company Name			FEDERAL ID		<b>Equipment Quote</b>		
Address					<u>Amount</u>	<u>Term</u>	<u>Payment</u>
City	County	State	Zip		<u>Adv Pmts</u>	<u>Buy-Out</u>	<u>New/Used</u>
Contact Person	Telephone		Fax		Equipment Description		
E-Mail Address	Nature of Business		Corp/Other	Yrs in Bus			
Location of Equipment (if different than above)					Yrs at Location	Est. Equipment Delivery Date	

PERSONAL INFORMATION FOR ALL OWNERS, OFFICERS AND GUARANTORS			
Name	Title	Social Security Number	% Ownership
Home Address			Home Telephone Number
Name	Title	Social Security Number	% Ownership
Home Address			Home Telephone Number
List Other Owners	Title	Social Security Number	% Ownership

BANK REFERENCES				
Name of Bank	No. of Yrs.	Bus Acct Number(s)	Telephone	Contact
Previous Bank	No. of Yrs.	Bus Acct Number(s)	Telephone	Contact

TRADE REFERENCES				
Main Supplier	Products	Account Number	Telephone	Contact
Other Supplier	Products	Account Number	Telephone	Contact

LANDLORD AND INSURANCE INFORMATION				
Landlord for Equipment Location	No. of Yrs	City/State	Telephone	Contact
Business Insurance Company	No. of Yrs	Prop Damage & Liab?	Telephone	Contact

Credit Authorization: I/We hereby authorize Pro Tote Systems, Inc., its designee, assigns or potential assigns to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of updating, renewing, extending additional credit or the collection of any late account. I/We hereby authorize our references to release all credit information and I/We represent and warrant that the information submitted herein is true, complete and accurate. A facsimile, electronic or other copy of this authorization shall be as valid as the original.

Signature(s) of all owners, officers and/or guarantors <b>X</b>	Date
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