

* Required Fields

Lessee (Complete Legal Name of Entity):

* Company: _____ * Address: _____ * City: _____
* State: _____ * Zip: _____ * Phone: _____ Fax: _____
* Email: _____ * Industry: _____ * Years in Business: _____

Ownership

Owner 1

* Name: _____ * Title: _____ * Address: _____ * City: _____
* State: _____ * Zip: _____ * Phone: _____ * Social Security #: _____ * % Ownership: _____

Owner 2

* Name: _____ * Title: _____ * Address: _____ * City: _____
* State: _____ * Zip: _____ * Phone: _____ * Social Security #: _____ * % Ownership: _____

Equipment Information

* Equipment Description: _____ * Total Equipment Cost (\$): _____
* Lease Term Requested: 24 36 48 60 months

Vendor Information:

* Vendor: _____ Phone: _____

Bank References: (If Less than 2 Years in Business)

* Bank Name: _____ Contact: _____ Phone: _____ Account #: _____

I/We understand that I/We may submit my application to Chase Industries by fax or mail. I/We authorize you to make such inquiries regarding the information furnished herein as may be required in connection with the application or in the course of review of any credit extended in reliance on the application. All information set forth in this application is a truthful and accurate representation of facts for the purpose of obtaining the lease financing requested by me/us.

The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes Chase Industries and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent. I also authorize the above bank reference to release any information that may be requested by Chase Industries or its affiliates/partners.

* Signature 1: _____ * Signature 2: _____
* Printed Name 1: _____ * Printed Name 2: _____
* Date: _____ * Date: _____

Please complete, sign, and date the application and send to:

By Mail

Chase Industries, Inc.
1700 East Beltline NE, Suite 130
Grand Rapids, Michigan 49525

By Fax

(616) 459-6800