



LEASE APPLICATION

Log No. _____

Previous Log No. _____

VENDOR/ SUPPLIER INFORMATION

BUSINESS NAME Knox Refrigeration, Inc.		STREET ADDRESS 700 Pont Reading Road		CITY, STATE, ZIP CODE Ardmore, PA 19003-1930	
PHONE NO. (610) 645-8383	FAX NO. (610) 645-8384	CONTACT NAME			
PRINCIPAL OFFICERS' NAMES					

EQUIPMENT

TYPE OF EQUIPMENT	MAKE	MODEL	SERIAL NO.	<input type="checkbox"/> NEW <input type="checkbox"/> USED
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TERMS Financial Statements Attached Tax Returns Attached To Be Forwarded

LEASE AMOUNT (before tax)	FACTOR	MONTHS	PAYMENTS	DOWN PAYMENTS	DOWN PAYMENT COLLECTED
COMMENTS				PURCHASE OPTION <input type="checkbox"/> FMV <input type="checkbox"/> 10% <input type="checkbox"/> \$1	

APPLICANT INFORMATION Corporation Partnership Proprietorship

FULL NAME OF BUSINESS				FEDERAL TAX ID NO.	
BUSINESS STREET ADDRESS			CITY, STATE ZIP CODE		COUNTY
NATURE OF BUSINESS		YEARS BUSINESS IN OPERATIONS	YEARS INVOLVED WITH BUSINESS	PHONE NO. ()	
PRINCIPAL'S FULL NAME (Last Name, First, MI)		TITLE	DRIVER'S LIC. NO./STATE	SOCIAL SECURITY NO.	BIRTHDATE (Mo/Da/Yr)
PRINCIPAL'S STREET ADDRESS		CITY, STATE ZIP CODE	HOW LONG? <input type="checkbox"/> RENT <input type="checkbox"/> OWN	US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NO. ()
MORTGAGE HOLDER/ LANDLORD		STREET ADDRESS		CITY, STATE ZIP CODE	
(Circle One) CO-APPLICANTS/ SPOUSES FULL NAME (Last Name, First, MI)		DRIVER'S LIC. NO./STATE	SOCIAL SECURITY NO.	BIRTHDATE (Mo/Da/Yr)	
STREET ADDRESS		CITY, STATE ZIP CODE	HOW LONG? <input type="checkbox"/> RENT <input type="checkbox"/> OWN	US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NO. ()
MORTGAGE HOLDER/ LANDLORD		STREET ADDRESS		CITY, STATE ZIP CODE	
NEAREST RELATIVE'S NAME (Last Name, First, MI)		STREET ADDRESS			CITY, STATE ZIP CODE
					PHONE NO. ()

APPLICANT REFERENCES

BANK # 1		HOW LONG?	BANK OFFICER	PHONE NO. ()
TYPE OF ACCOUNT BUSINESS PERSONAL	CHECKING ACCOUNT NO.	LOAN NO.	SAVINGS ACCOUNT NO.	
BANK # 2		HOW LONG?	BANK OFFICER	PHONE NO. ()
TYPE OF ACCOUNT BUSINESS PERSONAL	CHECKING ACCOUNT NO.	LOAN NO.	SAVINGS ACCOUNT NO.	
TRADE #1		HOW LONG?	CONTACT	PHONE NO. ()
TRADE #2		HOW LONG?	CONTACT	PHONE NO. ()

Authorization To Release Bank Information

I/ We hereby authorize _____ to investigate my/ our financial responsibility and credit worthiness. This is my/ our authorization for the herein bank reference(s) and my/ our accountant, attorney or anyone else deemed necessary to release any information requested by telephone or FAX as part of our normal credit procedures.
Authorized this _____ day of _____, 20____

Company Name

Authorized Signature

Title