

# LEASING ONE CORPORATION

PO BOX 309 FRANKFORT, KY 40602

PHONE (502) 227-1642 / (800) 928-2267

FAX (502) 875-6980

MARK W. LESTER, VICE PRESIDENT

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## Lessee Credit Application

Lessee (company name) \_\_\_\_\_

Address \_\_\_\_\_

Mailing Add. \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Type of Business \_\_\_\_\_ Corp \_\_\_ Prop \_\_\_ Part \_\_\_

Years in Business \_\_\_\_\_ Tax ID# \_\_\_\_\_

1). Officer Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ SS# \_\_\_\_\_

2). Officer Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ SS# \_\_\_\_\_

Equipment Description \_\_\_\_\_

Vendor \_\_\_\_\_

Equipment Location \_\_\_\_\_

Price w/out tax \$ \_\_\_\_\_ Lease Term \_\_\_\_\_

### References **BANK:**

Name \_\_\_\_\_ Acct. Type \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Acct# \_\_\_\_\_

Name \_\_\_\_\_ Acct. Type \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Acct# \_\_\_\_\_

### TRADES

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

*\*Financial statements are generally required on any transaction over \$20,000.00\**

I hereby authorize Leasing One or it's parent company, Farmers Bank Corp. to verify any and all credit references listed on this application, including obtaining credit bureau reports:

x \_\_\_\_\_