



BILTMORE LEASING
 2415 E. Camelback Rd., Suite 700, Phoenix AZ 85016
 (602) 840-0404 (800) 840-0406

LESSEE INFORMATION

Business Name: _____ Federal ID _____
 Contact: _____ Email: _____
 Phone: () _____ - _____ Fax: () _____ - _____
 Address: _____
 _____ Corporation/LLC Name/Title of Officer Signing _____
 _____ Partnership Type of Business _____
 _____ Proprietorship Year started in business _____
 Principal's Name: _____ SSN# _____
 Home Address: _____
 Percent of ownership _____ % Mobile Phone () _____ - _____

EQUIPMENT INFORMATION

Vendor Name: _____
 Address: _____
 Contact: _____ Phone: () _____ - _____
 Equipment Description: _____
 Cost of Equipment w/o tax \$ _____
 Equipment Location: _____
 Terms Wanted: _____ Months \$1.00__ FMV__

CREDIT INFORMATION

Bank: _____ Chk Acct. # _____
 City _____ Phone () _____ - _____ Contact _____
 Trade Reference No. 1 _____ City _____
 Phone () _____ Contact _____
 Trade Reference No. 2 _____ City _____
 Phone () _____ Contact _____

Credit Release Authorization

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes BILTMORE LEASING CORP., 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 the update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as original.

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