

BUSINESS VERIFICATION FORM

COMPANY INFORMATION

Legal Business Name	Doing Business As (if applicable)	
Company Address	City, State, Zip	
Federal ID #	Phone	Fax
Contact Person	Date Business Started Under Current Ownership	
Type of Business	Company Type: (Check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor	

OWNERS, OFFICERS & PARTNERS

Name	Title	SSN	Ownership %
Home Address		City, State, Zip	
Name	Title	SSN	Ownership %
Home Address		City, State, Zip	

EQUIPMENT

Equipment Description (Year/Make/Model)	Price
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By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.

Signature _____ Date _____

- UPON COMPLETION PLEASE FAX THIS FORM TO 801-942-3601 -