



# *Lease Quote*

## *Why Lease?*

- Your new equipment either saves you money or increases your income. Either way a **lease allows the equipment to earn its keep as you make payments**. You improve cash flow.
- **Leasing preserves your credit**. Bank lines and other sources are free to finance business expansion.
- Leasing may allow you better **tax benefits** than an outright purchase.
- **More than 80% of businesses now lease part or all of their equipment**.

**Quote is good for 30 days from:**

# LEASE APPLICATION

## VENDOR INFORMATION

Sales Rep: \_\_\_\_\_ LEASE TERM \_\_\_\_\_ APPROX. COST \$ \_\_\_\_\_

## BUSINESS INFORMATION

BUS. NAME \_\_\_\_\_ FEDERAL ID# \_\_\_\_\_

ADD./CITY/ST./ZIP/COUNTY \_\_\_\_\_

CHOOSE ONE: PROPRIETORSHIP      PARTNERSHIP      CORPORATION      LLC      OTHER \_\_\_\_\_

NATURE OF BUS: \_\_\_\_\_ EMPLOYEES: FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

YEARS IN BUSINESS \_\_\_\_\_ YEARS UNDER CURRENT MANAGEMENT \_\_\_\_\_ PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

## BANK INFORMATION

| BANK REFERENCE(S) / ACCOUNT NUMBER(S) | CONTACT | PHONE | CITY & STATE |
|---------------------------------------|---------|-------|--------------|
|                                       |         |       |              |
|                                       |         |       |              |

## PRINCIPAL(S) INFORMATION

| ALL PRINCIPALS, OFFICERS & STOCKHOLDERS OVER 10% | % OF OWNERSHIP | TITLE | SOCIAL SECURITY NUMBER | DATE OF BIRTH | HOME ADDRESS STREET/CITY/STATE/ZIP |
|--|----------------|-------|------------------------|---------------|------------------------------------|
|  |                |       |                        |               |                                    |
|  |                |       |                        |               |                                    |
|  |                |       |                        |               |                                    |

## AUTHORIZATION

Date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

LESSEE: (Full Legal Name) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\*\*\* SCHEDULE OF EQUIPMENT \*\*\***

|  |
|--|
|  |
|--|

**\*\*\* SCHEDULE OF PAYMENTS \*\*\***

|   |                                    |                           |   |
|---|------------------------------------|---------------------------|---|
| <b>Initial Term</b><br>_____<br><b>Months</b> | <b>Number of Payments</b><br>_____ | <b>Base Rent \$</b> _____ | <b>Refundable Security</b><br><b>Deposit \$</b> _____ |
|---|------------------------------------|---------------------------|---|

|  |
|--|
|  |
|--|



**\*\*\* ACCEPTANCE OF LEASED EQUIPMENT \*\*\***

**EQUIPMENT:**

Your signature below acknowledges your acceptance of the equipment described in this lease. You agree that the equipment is satisfactory in all respects for the purposes of this lease. The lease term will begin on the date that you sign this acceptance.

LESSEE:

Acceptance Date: \_\_\_\_\_

X \_\_\_\_\_ **Authorized Signature**

\_\_\_\_\_  
Print Name

**ADDENDUM - LEASE #** \_\_\_\_\_

**\*\*\* Addendum "A" - Description of Lease Equipment \*\*\***

**LEASE # \_\_\_\_\_ LESSEE:**

**EQUIPMENT:**

\*\*\* AUTHORIZATION FOR AUTOMATIC DIRECT PAYMENT \*\*\*

LEASE # \_\_\_\_\_

The lessee named below hereby authorizes Lease Consultants Corporation to initiate entries to debit the account described below:

Name of Lessee:

**If your Lease requires a Security Deposit or Advanced Payment, please attach a check to pay for those charges to this form. If your Lease does not require any payment at inception, please attach copy of a voided check to this form.**

This authority is to remain in full force and effect until Lease Consultants Corporation has received written notification from lessee of its termination. To cancel, write to Lease Consultants Corporation, P.O. Box 71397, Des Moines, IA. 50325.

The person signing below warrants that he/she is authorized to execute this Authorization on behalf of lessee. For your convenience, we may accept a facsimile copy of this Authorization with facsimile signatures. You agree a facsimile copy will be treated as an original and will be admissible as evidence of this Authorization.

Lessee:

X \_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
Print Name

DATE: \_\_\_\_\_

For Use by Lease Consultants Corporation:  
Input \_\_\_\_\_ Date \_\_\_\_\_

