

# BANCROFT LEASING

5159 Wheelis Drive ❖ Memphis, TN 38117  
(901) 761-2156 | (800) 414-1308 | Fax (901) 767-0060

Equipment Leasing and Financing Since 1977  
www.aglease.com

## BUSINESS INFORMATION

Full Legal Name: \_\_\_\_\_ Contact/Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_ Business Description: \_\_\_\_\_

Entity Type: Proprietorship / Partnership / Corporation / LLC Tax ID#: \_\_\_\_\_ Years in Business: \_\_\_\_\_

## PRINCIPALS INFORMATION

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

## EQUIPMENT TO BE FINANCED

See Attached Quote.

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

Equipment Cost: \$ \_\_\_\_\_ New or Used? \_\_\_\_\_ Requested Term (# months): \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ Contact Cell: \_\_\_\_\_

## INSURANCE INFORMATION

Name of Insurance Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Agent: \_\_\_\_\_ Since: \_\_\_\_\_

**BANK AND LOAN REFERENCES**       See Attached Bank Statements.

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Lender Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

**TRADE REFERENCES**

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_ Since: \_\_\_\_\_

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact: \_\_\_\_\_ Since: \_\_\_\_\_

Information provided in this application is correct to the best of my knowledge. I understand this application will be retained whether or not it is approved. You are authorized to check applicant's credit and employment history and to answer questions about your credit experience with applicant. I hereby authorize all past and present creditors to release any and all necessary credit information to Bancroft Leasing and /or its assigns.

\_\_\_\_\_  
 (SIGNATURE OF APPLICANT) (DATE)

\_\_\_\_\_  
 (SIGNATURE OF CO-APPLICANT) (DATE)



If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact Bancroft Leasing, 5159 Wheelis Drive Memphis, TN 38117 or call (901)761-2156 within 60 days of the date you are notified of the decision. We will send you a written statement of the reasons for the denial within 30 days of receiving the request.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discrimination against credit applicants on the basis of race, color, religion, national origin, sex, marital status, or age (provided the applicant has the capacity to enter a binding contract); because all or part of the applicant's income derives from any public assistance programs; or because the applicant has in good faith exercised ant right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C.

BL USE ONLY: Representative	Date Received	Date Approved	Lease #
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## AUTHORIZATION TO OBTAIN COMMERCIAL CREDIT REPORT/INFORMATION AUTHORIZATION TO OBTAIN CONSUMER CREDIT REPORT/INFORMATION

All of the attachments and information provided in this application are correct to the best of my knowledge. I authorize verification of employment and all financial and other information submitted with this application, including obtaining a credit report, to act on this application. I authorize making continued inquiries about such information and obtaining a credit report during the term of my lease(s) as necessary to administer my lease(s). As required by law, my identity will be verified. I authorize all past or present creditors to release any and all necessary credit information, and to respond fully to requests for information based on this application when transmitted electronically or by other means. The above permissions and authorizations will apply to any creditor to whom this application is submitted. I certify that the lease(s) applied for hereunder are for business, commercial or agricultural purposes and not for personal, family or household purposes.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. A number of federal agencies share enforcement responsibility for this law. Determining which agency to contact depends on the type of creditor you dealt with. Consult the creditor to whom this application is addressed for information on its regulator, or contact The Federal Trade Commission, Consumer Response Center, Washington, DC 20580, 1-877-382-4357.

CREDIT APPLICANT: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: X \_\_\_\_\_ Title: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Print Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: X \_\_\_\_\_ Title: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Print Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: X \_\_\_\_\_ Title: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Print Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: X \_\_\_\_\_ Title: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Print Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_