

174 Green Street Melrose, MA 02176
 PHONE: 1-800-761-2118

Please return by fax to: 781-321-4108
 Your Account Manager is: **Charlie Quint ext. 18**

Business Information

Company Name:	Legal Company Name <i>(if different)</i>	D/B/A	
Street Address:	Type of Business	Website Address	
City, State, Zip:	Phone:	Fax:	Email Address
Legal Entity: (circle one) Corp Partnership Proprietorship LLC Other _____	Date Business Started:	# of employees	Federal EIN Number

Ownership Information

Business Owner's Name	Title	% Ownership	Social Security Number
Business Owners Home Address	City, State, Zip		Home Telephone Number
Owner 2 Name	Title	% Ownership	Social Security Number
Owner 2 Home Address	City, State, Zip		Home Telephone Number

Bank Reference/Business Checking

Bank Name	Account Number	Contact
Bank Phone Number	Fax	Loan Acct # <i>(if applicable)</i>

Trade References

Company Name	Phone	Contact
Company Name	Phone	Contact
Company Name	Phone	Contact

Equipment (if known)

Equipment Type	Equipment Cost:	New Equipment
Vendor Name: Contact is	Vendor Telephone Number:	Vendor Fax:

I hereby certify that the information contained in this file is true and accurate to the best of my knowledge, and I hereby authorize our banks, credit reporting agencies, and other institutions the right to release credit information to Priority Leasing or their designee. A facsimile of this document with signature shall be considered an original.

Members Signature: _____ Date: _____