US EQUITY FUNDING, LLC

Please fax or email back to Denise: 214. 292.8781
dnull@suddenlink.net / questions call 903.348.3135

Commercial Lease Application

Lessee Information: Please include the 1st page only, of your last (3) months Bank Statements		
Business:		
Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	
Type: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC		
Years in Business:	Fed Tax ID #:	DUNS #:
Guarantor #1:	Social Security #:	
Address:		
City:	State:	Zip Code:
Bank Name:		
Account Number:		
Contact:	Phone Number:	
Trade Reference 1:		
Contact:	Phone Number:	
Trade Reference 2:		
Contact:	Phone Number:	
Trade Reference 3:		
Contact:	Phone Number:	

Equipment Information		
Vendor: CNG Fleet Specialists		
Address: 27005 E. 161ST ST. SOUTH		
City: COWETA	State: OK	Zip Code: 74429
Phone Number: 918.951.0047		
Contact: Randy Catlett		
Equipment:		
Cost:	Payment:	

Guarantor #2 (If Applicable)		
Applicant's Name:		
Current Home Address:		
City:	State:	Zip Code:
Phone Number:	Date of Birth:	
Social Security #:	Employer:	
Title:	% Ownership:	

Applicant represents that this Equipment is being leased for business and/or professional purposes and agrees that under no circumstances shall this Lease by construed as a consumer contract. The undersigned applies for the Lease indicated in this application. Everything stated in this application is correct. US Equity Funding and its Authorized Affiliates are authorized to check my credit and employment history for the purposes of determining my credit and for the further purpose of reviewing the account, taking collection activity on the account, and skip tracing. US Equity Funding and its Authorized Affiliates are authorized to provide history information to others about my credit standing and your credit experience with me, including but not limited to credit bureaus, other companies, outside collection agencies and outside attorneys.

APPLICANT #1
Authorized Signature_____

Print Name _____ Date _____

APPLICANT #2
Authorized Signature_____
(if applicable)

Print Name _____ Date _____

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