



PLEASE FAX TO: NTL 530-887-8296

Express Lease Application

LESSEE NAME/TYPE:		<input type="checkbox"/> CORP. <input type="checkbox"/> PART. <input type="checkbox"/> SOLE	LESSEE PHONE/FAX NUMBER:
BUSINESS ADDRESS (CITY, STATE, COUNTY & ZIP CODE):			
AMOUNT REQUESTED:		YEARS IN PRACTICE:	LICENSE NUMBER:
OWNER'S NAME:		SOCIAL SECURITY NUMBER / CORPORATE ID#:	
HOME ADDRESS (CITY, STATE, ZIP CODE & PHONE NUMBER):			
BANK NAME:		ACCOUNT NUMBER:	
BRANCH/PHONE NUMBER:		BANK CONTACT:	
EQUIPMENT:		EQUIPMENT COST:	\$
		OTHER:	\$
TERM OF LEASE PAYMENTS:		SHIPPING:	\$
12 24 36 48 60		TOTAL:	\$
NOTES:			
\$1.00 10% FIRST F&L			

Each individual signing as a principal certifies that the information provided is accurate and complete. Each individual signing as principal authorizes lender or any other lending sources to obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line, taking collection action on the account and for any other legitimate purpose associated with the account as needed. **IMPORTANT NEW CUSTOMER INFORMATION:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires financial institutions to obtain, verify and record identifying information on new customers. The personal data requested above will allow us to identify each person signing this application. We may also ask for copies of driver's licenses or other identifying documents.

Signature of Principal: _____

Dated: _____