



Midwest Leasing Group, Inc.

31511 Plymouth Rd., Livonia, MI 48150
Phone: 734/266-2100 * Fax: 734/266-2101

Toll Free 800/272-4403

VENDOR INFO:

Company: _____

Addr: _____

City/ST: _____

PH: _____ FAX: _____

Customer INFO:

Legal Company Name: _____

Address: _____

City, ST Zip _____, _____ Zip _____

PHONE/FAX _____ FAX _____ Yrs in Bus _____

Tax ID #: _____ Contact name: _____

Web site: _____ Email addr: _____

<u>COST</u>	<u>DESCRIPTION OF EQUIPMENT</u>
\$ _____	

Equipment Location
(if other than above)

Nature of Business

Corporation
Corporate Type

Proprietorship
Partnership

Patriot Act: Federal Law requires all financial institutions obtain, verify, and record information that identifies each person that opens an account to assist the Government fight against the funding of terrorism and money laundering activities. You must supply a copy of your drivers license or other identifying documents when signing a lease contract.

BANK / TRADE CREDIT INFORMATION

Bank: _____
Checking Savings

Account #: _____

Contact: _____ Phone: _____

To accelerate the application process, please send or fax the top (summary) page of three (3) bank statements with application

Trade Ref: _____

Phone #: _____

Contact: _____

Fill out one existing trade reference/lease reference, etc. here, or attach an existing reference sheet for your business

Please Provide the following information on principals or company owners:

Principal #1: _____ Home Address: _____

SS #: _____ City/ST/Zip: _____

Home PH: _____ Title: _____ % Ownership: _____

Principal #2: _____ Home Address: _____

SS #: _____ City/ST/Zip: _____

Home PH: _____ Title: _____ % Ownership: _____

** If there are more owners, please place additional information on a second copy of this application

NOTE: On deals over \$50,000 please provide Balance Sheet & Income Statements for last two (2) fiscal years and any interim periods

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes Midwest Leasing Group, its designee, assigns or potential assigns, to obtain further information concerning my credit standing from any references listed herein, or any other person or organization, and to review his/her personal credit profile provided by national credit bureaus in considering this Application and for the purpose of the update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

(Principal #1 Signature)

(Principal #2 Signature)

DATE

(Print Name)

(Print Name)

E - APP -- Please fax back to MLG at: 734/266-2101