

BAYTREE LEASING COMPANY, LLC

8101 34th Ave So.

Suite 340

Bloomington, MN 55425

1-888-942-7870

Fax: 952-942-6113

LEASE APPLICATION

Date: _____

Legal Co. Name: _____

Phone: () _____

Mailing Address: _____

Equipment Location: _____ Federal ID # _____

Please Check:	Corporation	<input type="checkbox"/>	Name of Principal(s)	Title
	Partnership			
	Sole Proprietorship	<input type="checkbox"/>		
Years in Business	_____	_____	_____	_____

Owner or Officer please complete the following:

Name _____ Social Security # _____

Address _____ Spouse Name _____

(City) _____ (State) _____ (Zip) _____ Home Phone: () _____

How long _____ (Rent/Own) _____ Previous address (last 2 years) _____

Bank Reference:	Telephone Number	Account Number	Contact
_____	_____	_____	_____
_____	_____	_____	_____

Business or Credit Reference: Name	Telephone Number	Contact
_____	_____	_____
_____	_____	_____
_____	_____	_____

EQUIPMENT TO BE LEASED

Quantity	Description	Model #	Cost
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Total Cost of Equip.	\$ _____	Downpayment	\$ _____	Lease Term	_____
Tax (____%)	\$ _____	Monthly Payment	\$ _____	Rate Factor	_____
Grand Total	\$ _____	Advance Rental	\$ _____	Purchase Option	_____

Sales Rep. _____ Phone # _____ Fax # _____

Vendor _____

RELEASE: To Whom This May Concern: Applicant(s) understands that Baytree Leasing Company, LLC and/or related lenders and/or it's assigns may check Applicant(s) credit records inclusive of personal credit bureaus and company business reports.

SIGNATURE: _____