



# Macrolease Corporation

185 Express Street, Suite 100, Plainview, NY 11803 Tel: 800-645-3535 Fax: 516-576-1100 www.macrolease.com



## Lease Application

Contact Information		
Business Legal Name and DBA (if applicable):	Federal Tax ID:	Applying <input type="checkbox"/> Individually <input type="checkbox"/> Jointly with _____ <i>Co-Applicant's name</i>
Street Address:	City/State/Zip:	
Contact Name:	Email:	Business Phone:
Type of Corporation:	<input type="checkbox"/> Tax Exempt <input type="checkbox"/> Non-Exempt	Years in Business:

Lease Request	
Vendor(s):	Total Equipment Cost:
Equipment Location:	Term:

Bank Reference		
Bank Name:	Account Number:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan
Bank Contact:	Telephone:	Fax:

Comparable Debt Reference (Bank or Leasing Company)		
Active Leases:	Account Number:	
Contact:	Title:	Phone Number:

On reverse side or separate page, please briefly describe your company, its' niches, history and operations.

The undersigned represents that all information provided with this Application is true and correct and hereby authorizes Macrolease Corporation to obtain from third parties, information it deems necessary to arrive at a decision regarding this application. To help fight terrorism and money laundering, the information will be verified. By signing below, the undersigned individual(s) as principal of and/or guarantor for the applicant, authorizes Macrolease Corporation, its designee, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this Application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. The undersigned authorizes all deposit, borrowing, financial and trade information to be released to Macrolease Corporation, its designee, assigns or potential assigns by telephone or fax. A photocopy or fax of this authorization shall be valid as the original.

Creditor's Name: Macrolease Corporation  
Creditor's Address: 185 Express Street, Suite 100, Plainview, New York 11803

Macrolease Salesperson: \_\_\_\_\_

If your application for business credit is denied, you have the right to a written statement of the specific reason for the denial. To obtain the statement, please contact Macrolease Corporation within 60 days from the date you are notified of our decision. We will send you a written statement of reason for the denial within 30 days of receiving your request for the statement.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this new law concerning this creditor is Federal Reserve Consumer Help Center, P.O. Box 1200 Minneapolis, MN 55480

Please attach other information you wish to provide to support your request

Authorized Signor		
APPLICANT NAME: _____	SIGNATURE (REQUIRED): _____	DATE: _____