

Application

****Please fill out completely before submitting to:****

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Entity Information				
Entity Name:		Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> LLLP <input type="checkbox"/> PC <input type="checkbox"/> PLLC <input type="checkbox"/> Joint Venture Corporation <input type="checkbox"/> Foreign Government Agency <input type="checkbox"/> US Federal Government Agency <input type="checkbox"/> State Government Agency <input type="checkbox"/> Federally Chartered <input type="checkbox"/> Nonprofit		
Corporate Address (Street, City, State, Zip):				
Ownership Type: <input type="checkbox"/> Public <input type="checkbox"/> Private		Tax Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No		State of Incorporation:
Phone:	Website:	Tax Identification Number (TIN):		
Employer Identification Number (EIN):		Year Founded:	Number of Employees:	
Contact Information (Needed for Agreement Documentation)				
Primary Contact Name/Title:		Phone:	Email:	
Mailing Address:				
Authorized Signor Name/Title:		Phone:	Email:	
Mailing Address:				
Witness to Signor Name/Title:		Phone:	Email:	
Mailing Address:				
Billing Contact Name/Title:		Phone:	Email:	
Mailing Address:				
Credit Request Detail				
Immediate Order Amount (\$):		Estimated Monthly Order Amount \$ (For Credit Line Issuance):		
Equip Location 1 (Street):		City:	State:	9 Digit ZIP: County:
Equip Location 2 (Street):		City:	State:	9 Digit ZIP: County:
Equip Location 3 (Street):		City:	State:	9 Digit ZIP: County:
Financial & Credit Information				
Financial Documents Provided: (Required)				
<input type="checkbox"/> 2018 Full Year Financials		<input type="checkbox"/> 2019 Full Year Financials		<input type="checkbox"/> 2020 Interim Financials
<input type="checkbox"/> Pro-Forma Financial Projections		<input type="checkbox"/> 2019 Tax Return		<input type="checkbox"/> 2020 Tax Return
<input type="checkbox"/> Other:				
Primary Lending Institution:				
Type of Account: <input type="checkbox"/> Depository <input type="checkbox"/> Credit Card <input type="checkbox"/> Credit Line <input type="checkbox"/> Other (Please Describe):				
Other Lending Institution:				
Type of Account: <input type="checkbox"/> Depository <input type="checkbox"/> Credit Card <input type="checkbox"/> Credit Line <input type="checkbox"/> Other (Please Describe):				
Insurance Information (Needed for Agreement Documentation)				
Name of Insurance Provider:			Policy Number:	
Provider Contact Name:		Phone:	Email:	
Additional Comments				
<p>** Please provide detailed equipment quotations with your application. Thank you!</p>				