LEASE APPLICATION

Superior Products
Attn: Leasing Dept.
P.O. Box 64177
St. Paul, MN 55164
Fax: 864-284-1348

Sales Representative: **Please print legibly with Blue or Black ink.**

BUSINESS

BUSINESS NAME/LESSEE					TELEPHONE
ADDRESS (STREET/SHIP TO ADDRESS)	CITY	STATE	COUNTY	ZIP	TIME OWNED (YEARS - MONTHS)
ADDRESS (MAIL TO /PO BOX)	CITY	STATE	COUNTY	ZIP	FEDERAL TAX ID #
Email Address (will be used for documents only)			Fax (will be used for documents only)		

BUSINESS STRUCTURE ___PROPRIETORSHIP ___PARTNERSHIP ___CORPORATION Total ownership must equal 100%

OWNERSHIP

PRINCIPLE'S NAME	TITLE		%OWNERSHIP	SOCIAL SECURITY #
HOME ADDRESS (STREET)	CITY	STATE	ZIP	HOME PHONE
PRINCIPLE'S NAME	TITLE		%OWNERSHIP	SOCIAL SECURITY #
HOME ADDRESS (STREET)	CITY	STATE	ZIP	HOME PHONE
PRINCIPLE'S NAME	TITLE		%OWNERSHIP	SOCIAL SECURITY #
HOME ADDRESS (STREET)	CITY	STATE	ZIP	HOME PHONE

BANKS NEED TO HAVE 2+ YEAR HISTORY – Business and/or Personal

BANKS

BANK	BRANCH	CONTACT AT BANK	
ACCOUNT UNDER NAME OF	CHECKING ACCOUNT #	FAX	TELEPHONE
BANK	BRANCH	CONTACT AT BANK	
ACCOUNT UNDER NAME OF	CHECKING ACCOUNT #	FAX	TELEPHONE

CREDIT REFERENCE

COMPANY NAME	ACCOUNT #	TELEPHONE	CONTACT PERSON

EQUIPMENT

DESCRIPTION OR ITEM NUMBERS OF EQUIPMENT TO BE LEASED		
DESCRIPTION OR ITEM NUMBERS OF EQUIPMENT TO BE LEASED CONTINUED		
DESCRIPTION OR ITEM NUMBERS OF EQUIPMENT TO BE LEASED CONTINUED		
COST OF EQUIPMENT $	TERM OF LEASE REQUESTED (IN MONTHS 24, 36, 48, 60)	DEPOSIT RECEIVED

Authorization to Release Bank Information

I/We hereby authorize Superior Products and/or any of their Authorized Agents to investigate my/our financial responsibility and credit worthiness. This is my/our authorization for the herein bank reference(s) and my/our accountant, attorney or anyone else deemed necessary to release any information requested by telephone or FAX as part of Superior Products normal credit procedures.

Company Name _____ Date _____

Authorized Signature _____ Title _____

MUST BE SIGNED AND DATED

INCOMPLETE APPLICATIONS WILL BE RETURNED AND WILL DELAY PROCESSING