

Please complete the following
form and fax it to us.

Fax 303.754.2066



Lease Application

Lessee Information

Company Legal Name & DBA:

Federal Tax ID:

Phone:

Fax:

Billing Address:

City:

State:

ZIP Code:

No. of Years in Business:

Nature of Business:

Proprietorship

Partnership

Corporation

Equipment Location

Equipment Address:

City:

State:

ZIP Code:

Personal Information on Majority Stockholders/Owners

Name:

Home Address:

Social Security No.:

% Ownership:

Title:

Home Phone:

Name:

Home Address:

Social Security No.:

% Ownership:

Title:

Home Phone:

Name:

Home Address:

Social Security No.:

% Ownership:

Title:

Home Phone:

Company Bank References

Name:

Account No.:

Contact:

Phone:

Name:

Account No.:

Contact:

Phone:

Trade/Supplier References

Name:

City & State:

Contact:

Phone:

Name:

City & State:

Contact:

Phone:

Equipment Information (Attach additional information if necessary)

Equipment Description and Estimated Total Costs:

Vendor Name:

Contact:

Phone:

Vendor Address:

City:

State:

ZIP Code:

Desired Lease Terms & Options

Term (months): 12 24 36 48 60

Purchase Options: FMV \$1.00

Authorization

I certify that the information provided above is accurate and complete. I authorize Dynamic Funding, Inc. and its designee (and any assignee or potential assignee thereof) to obtain information from the references concerning business and personal credit standings.

Signature:

Print Name:

Date:

Signature:

Print Name:

Date:

Signature:

Print Name:

Date: