



Lease Credit Application

PERSONAL INFO			
Legal Name of Business:		Tax ID#:	
Address1:		City:	
Address2:		State:	Zip:
Phone:		Fax:	Date Est:
Owners Name:		Position:	
Home Phone:		Cell Phone:	
Home Address1:		City:	
Home Address2:		State:	Zip:
Own or rent home:	Current on mortgage: Y N	Mortgage modification: Y N	
How long at current address:		Birth Date:	Email:
Social Security #:		Name of Spouse:	
BANK REFERENCE			
Name of Bank:		Phone:	
Contact:		Account(s) #:	
INSURANCE INFORMATION			
Name of Insurance Agent:		Phone:	
Address1:		City:	
Address2:		State:	Zip:
Policy #:		Date Policy Expires:	
WORK REFERENCES			
List your two largest customers or the hauling co/brokers you currently work for:			
Name:		Contact:	Phone:
Name:		Contact:	Phone:
EQUIPMENT/VEHICLE VENDOR INFO			
Equipment/Vehicle to be leased:		Price:	
Equipment/Vehicle to be leased:		Price:	
Vendor/Seller:	Contact:	Phone:	
Address1:		City:	
Address2:		State:	Zip:

Applicant authorizes Dakota Financial, LLC to carry on a complete credit investigation of applicant and the principals as Dakota deems necessary to process this application. Furthermore, by signing below you certify that the statements above and on any attachments are true and complete as of the date given below.

Signature _____ Date _____