



Your most challenging deals. Done.

LEASE CREDIT APPLICATION

PERSONAL INFORMATION					
Legal Name of Business:			Tax ID#		
Address 1:			City:		
Address 2:			State:		Zip:
Phone:			Fax:		Date Est:
Owners Name:			Position:		
Home Phone:			Cell Phone:		
Address 1:			City:		
Address 2:			State:		Zip:
Home: Own <input type="checkbox"/> Rent <input type="checkbox"/>		Current on mortgage Y <input type="checkbox"/> N <input type="checkbox"/>		Mortgage modification Y <input type="checkbox"/> N <input type="checkbox"/>	
How long at current address:		Birth Date:		Email:	
Social Security #:		Name of spouse:			
BANK REFERENCE					
Name of Bank:					
Contact:					
INSURANCE INFORMATION					
Name of insurance agent:			Policy#:		Expiration:
Address 1:			Address 2:		
City:		State:	Zip:	City:	
				State:	
				Zip:	
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
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