

AUTO DEALER LEASE APPLICATION

Business Information	Full Legal Name (Include DBA if Applicable)		Tax Identification #	
	Billing Street Address		Website:	
	City	County	State	Zip Code
Equipment Location (if different from above) (Street Address/City/County/State/Zip Code)				
Contact Name and Title		Phone # ()		<input type="checkbox"/> "S" Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> LLP
Auto Manufacturers Represented		Years in Business		
Name (Principal/Partner/Officer) and Title		Social Security #:		
1. _____		1. _____		
2. _____		2. _____		
Lease Term:	Principal Home Address:			
	Principal #1 _____			
	Principal #2 _____			
	If applicable, legal name & address of other Dealership locations:		Years owned:	
_____		_____		
_____		_____		

Equipment Information	Total Estimated Equipment Cash Price:	# of Advance Payments:	Total Estimated Lease Payment: \$ (without tax)
	Supplier Name(s)	Contact Name(s)	Phone #

Bank Reference	Business Bank Reference Name	Checking/Loan Account #	Phone #
	* In Lieu of Bank Reference – please provide last 3 months bank statements – the 1 page Monthly Beginning and Ending Balance		()

Floor Plan Reference	Floor Plan Reference Name	Account # / Contact Name	Phone #
			()

Credit Information Release By signing and submitting this application, I authorize and request that Quantum Financing and its affiliates and or assigns to investigate my personal and business credit. In addition, I authorize any bank, financial institution, or trade reference listed above to release any requested information regarding my account(s).

X _____
 Signature Title Date

X _____
 Signature Title Date