

CENTURY LEASING COMPANY

CONFIDENTIAL

of Greencastle, Pennsylvania, Inc.

a subsidiary of Century, Inc.

LEASE APPLICATION

P. O. Box 277 - 27 East Baltimore Street - Greencastle, PA 17225 - (717) 597-2121

(717) 597-2122 FAX

Firm Name _____

Street Address _____

City _____ County _____ State _____

Zip Code _____ Phone No. _____

Fax No. _____

Date: _____

This is a:

Proprietorship

Partnership

Corporation

Complete additional information on reverse side

EMAIL ADDRESS _____

Under State Laws of _____

Date Established _____

Description of Equipment to be Leased _____ Approx. Cost\$ _____

Lease Rate _____ Years _____ Vendor _____ Salesman _____

Principals/Owners/Key Personnel: (Please list husband and wife if proprietorship. Please list three officers if incorporated.)

Name	Title	Home Address	Social Security
	Secretary		

Nature of Business _____

Business Property: (Premises where leased property will be installed.)

Own Titled in Name of _____

Name and Address of Mortgage Holder _____

Rent Name and Address of Landlord _____

Trade References/Suppliers:

Name	Address	Contact	Phone Number

Bank References: (*) Asterisk operating account

Name	Address	Phone Number	Contact Person

Sales Tax Exempt: Yes No Exemptions Certificate Enclosed: Yes Rated By Dun & Bradstreet: Yes No Rating _____

Have You Ever Gone Through Bankruptcy? _____ Have You Ever or Ever Had Judgements or Garnishes? _____

FINANCIAL STATEMENT (REQUIRED): (MUST BE SUBMITTED WITH APPLICATION)

Are Your statements Audited? _____ Last Date _____ By Whom _____

Personal Guarantees: Will Submit (If Necessary) Will Not Submit (Required for Proprietorship or Partnership)

Please fill out reverse side if first block is checked.

The above application must be completed in its entirety to expedite approval and avoid delay.

The undersigned represents and warrants that the information contained herein and in any financial or other statements given by it to CENTURY LEASING COMPANY is true and complete and is given for the intent and purpose of obtaining credit for an account with CENTURY LEASING COMPANY.

The undersigned further agrees to send immediately an official written notice of any change in the above business structure, principals or officers. A service charge will be paid by the lessee equal to 5% of the amount of delinquency, or \$2.00, whichever is greater, on payments more than 15 days late.

Company _____

Processing fee of \$25.00 is due with this application

Signed By _____

Title _____

All questions must be answered or this application will be returned

(Please make copy for your file.)

THIS IS OUR CREDIT REFERENCE FORM.

Please Return To: P.O. Box 277, Greencastle, PA 17225