



**FAX TRANSMISSION**  
**GAFCO EQUIPMENT LEASE/RENTAL APPLICATION**

<b>To:</b>	GREAT AMERICAN FINANCE COMPANY		
<b>Fax Number:</b>	602.324.8658		
<b>From:</b>		<b>Date:</b>	
<b>Subject:</b>		<b>Pages:</b>	, Including Cover Sheet

# GAFCO EQUIPMENT LEASE/RENTAL APPLICATION

<b>GREAT AMERICAN FINANCE CO.</b> 20 North Wacker Drive, Suite 2275 Chicago, Illinois 60606 E-mail: Barb@gafco.net or Todd@gafco.net	Phone: 312-224-0421 Phone: 312-332-7132	<b>VENDOR NAME AND PHONE NUMBER</b>  <b>SALES PERSON</b>
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## APPLICANT INFORMATION

BUSINESS LEGAL NAME (AND ANY DBA, IF APPLICABLE)		WEB SITE ADDRESS	TYPE OF BUSINESS		TELEPHONE NUMBER
STREET ADDRESS		CITY	STATE	ZIP CODE	FAX NUMBER
CONTACT NAME & TITLE	BUSINESS STRUCTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> LLC		STATE OF INCORPORATION	YEARS IN BUSINESS/ DATE INCORPORATED	FEDERAL TAX IDENTIFICATION NUMBER

## OWNERS / OFFICERS

PRINCIPAL'S NAME & TITLE			% OWNERSHIP	HOME PHONE	SOCIAL SECURITY NUMBER
PRINCIPAL'S EMAIL ADDRESS				CELL PHONE	
HOME ADDRESS	CITY	STATE	ZIP CODE	OWN or RENT	DRIVER'S LICENSE NUMBER
PRINCIPAL'S NAME & TITLE			% OWNERSHIP	HOME PHONE	SOCIAL SECURITY NUMBER
PRINCIPAL'S EMAIL ADDRESS				CELL PHONE	
HOME ADDRESS	CITY	STATE	ZIP CODE	OWN or RENT	DRIVER'S LICENSE NUMBER

## BANK REFERENCES

BANK NAME	CITY & STATE	OFFICER	PHONE NUMBER
ACCOUNT UNDER NAME OF		CHECKING ACCOUNT NUMBER	LOAN NUMBER
BANK NAME	CITY & STATE	OFFICER	PHONE NUMBER
ACCOUNT UNDER NAME OF		CHECKING ACCOUNT NUMBER	LOAN NUMBER

## TRADE REFERENCES

COMPANY NAME	ACCOUNT NUMBER	PHONE NUMBER	CONTACT PERSON
COMPANY NAME	ACCOUNT NUMBER	PHONE NUMBER	CONTACT PERSON
COMPANY NAME	ACCOUNT NUMBER	PHONE NUMBER	CONTACT PERSON
<input type="checkbox"/> LANDLORD <input type="checkbox"/> MORTGAGE HOLDER	RENT OR PAYMENT AMOUNT	PHONE NUMBER	CONTACT PERSON

## EQUIPMENT REQUESTED

EQUIPMENT TO BE LEASED		LOCATION OF EQUIPMENT (STREET ADDRESS)	
COST OF EQUIPMENT	TERM REQUESTED	IS EQUIPMENT NEW OR USED	AGE OF EQUIPMENT

**APPLICANT OR PRINCIPAL FILED BANKRUPTCY OR SUBJECT TO LEGAL ACTION? IF YES, PLEASE EXPLAIN**

## AUTHORIZATION

Lessee represents and warrants that all information submitted to Lessor is true and correct and complete and Lessor may obtain all information necessary pertaining to this application including, but not limited to, owners, officers or guarantors. Lessee agrees to furnish financial statements to Lessor on request. Further, lessee authorizes all banks and trade references to release information by phone or fax to GAFCO or its nominees.

LESSEE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE \_\_\_\_\_

LESSEE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE SIGN THE LEASE APPLICATION AND FAX BACK