



**America's  
Pride Inc.**

Phone: (800) 348-4244  
(508) 336-9629

75 County St.  
Seekonk, MA 02771

**Automotive Shop Equipment**

Fax: (800) 537-0539  
(508) 336-9379

sales@americasprideonline.com  
www.americasprideonline.com

## Leasing Application

Please, help us expedite your lease purchase by providing us with the following information

### Business Information.

Ownership:  Non-Profit  Proprietorship  Partnership  Corporation  Limited Liability Corporation  
 Other \_\_\_\_\_

Company Name: \_\_\_\_\_

How long established under current ownership: \_\_\_\_\_ months / years. Federal tax ID: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_@\_\_\_\_\_

### Owners, Partners or Grantors Information.

1. Name: \_\_\_\_\_

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Driver License #: \_\_\_\_\_ State: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_@\_\_\_\_\_

2. Name: \_\_\_\_\_

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Driver License #: \_\_\_\_\_ State: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_@\_\_\_\_\_

### Business Banking Information.

A.

1. Bank Name: \_\_\_\_\_ Business Checking Account #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Bank Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Bank Fax: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

2. Bank Name: \_\_\_\_\_ Business Checking Account #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Bank Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Bank Fax: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

B.

1. Credit Card: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_

2. Credit Card: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_

3. Credit Card: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_

**Trade Reference Information.**

- 1. Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Fax: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ E-mail: \_\_\_\_\_@\_\_\_\_\_
- 2. Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Fax: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ E-mail: \_\_\_\_\_@\_\_\_\_\_
- 3. Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Fax: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ E-mail: \_\_\_\_\_@\_\_\_\_\_

**Product Information.**

#	Product	Manufacturer	Model	Quantity
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

The undersigned authorizes the release of any credit information including loans, leases, checking, savings, trade references and personal accounts to the lending institution and its affiliates.

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

We will contact you within 24 hours of receiving your application to discuss applicable leasing procedures.