LEASE / RENTAL - APPLICATION

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36 Maplewood Ave, Portsmouth, NH 03801

Fill out and Fax back to (888) 282-4322

	Legal Business Name			DB	DBA Name (if applicable)				
	Business Street Address/City/State/Zip Code							Business Real Estate Rent Own	;
RENTER / LESSEE	Corporation Partnership LLC Proprietorship Other		State of Incorporation			Federal Tax ID #			
LLOOLL	Type of Business (Industry)				Ye	Years In Business (Current Ownership)			
	Primary Contact	Phone No	D.	Fax No.	•		Email Address		
TERMS	Rent Lease Options (chec	k box) 🔲	24 Months 🔲 30	6 Months	s* [] 48 Montl	ns 🗌 60 Months	s 🗌	

	Principals Full Name	Title	% Ownership	Social Security No.
PRINCIPALS	Home Address/City/State/Zip Code		Rent 🗆 Own	Birth Date (Mo/Day/Yr)
(Owners, partners, and	E-mail Address	Home Phone No.	U.S. Citizen Yes D No D	Cell Phone No.
principal officers)	Principal #2 Name	Title	% Ownership	Social Security No.
officers)	Home Address/City/State/Zip Code		Rent 🗆 Own	Birth Date (Mo/Day/Yr)
	E-mail Address	Home Phone No.	U.S. Citizen Yes D No D	Cell Phone No.
EQUIPMENT				
REFERENCES (If available)	Business Bank	Account No.		
	Average Bank Balance	How Long?		

Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes you, to whom this application is made, or your agents or designee, to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim, which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

All approvals are subject to the verification of time in business and a complete description of the equipment. Each signer will submit a copy of his or her driver's license.

X			
Signature	Signer's Printed Name	Date	
x			
Signature	Signer's Printed Name	Date	

If this is a new business location, however you have another business that is over two years old, please include an address for a older location (over 2yrs) under same ownership, this shows more business history and qualifies the new location for - Our Best Program.