

# ANTHRACITE LEASING OF SOUTH FLORIDA, INC.

Phone: 954-946-4201

Email: info@anthraciteleasing.com

Fax: 888-813-5604

## BUSINESS LEASE CREDIT APPLICATION

Business Name (Full name as appears on Tax I.D.)

Phone:

Tax I.D. Number

Address:

Garaging Address:

Type of Business:

Website:

Date Business Established:

Corp or LLC:

Landlord Name:

Landlord Phone:

Monthly Rent Amt:

Date Lease Expires:

Landlord Address:

Business Property Owned:

Mortgage Company:

Purchase Price:

Balance:

Payment:

Trade Credit Company:

Address:

Purpose:

High Credit:

Balance:

Payment:

Business Loans Company:

Address:

Purpose:

High Credit:

Balance:

Payment:

Bank Account No:

Bank Name:

Branch Phone:

Account Officer:

Checking, Savings, Other:

Business Principal's Name:

Date of Birth:

Title:

Social Security No:

Spouse's Name:

Home Address:

Own or Rent:

Mortgage/Landlord:

Business Principal's Name:

Date of Birth:

Title:

Social Security No:

Spouse's Name:

Home Address:

Own or Rent:

Mortgage/Landlord:

For the purpose of obtaining a Lease, you warrant and affirm that each of the answers given to the foregoing questions is true and correct. You expressly authorize Anthracite Leasing to make such inquiries concerning the information supplied herein as Anthracite Leasing in its discretion deems necessary. You further expressly authorize Anthracite Leasing to release to financial institutions, lessors and others, information pertaining to your performance of the lease obligation. It is also agreed that this application remains the property of Anthracite Leasing whether or not the Lease is approved.

IDENTIFICATION: AUTHORIZED SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_