New Vision Equipment Leasing

Credit Application

SUPPLIER INFORMATION

VENDOR NAME | CONTACT | PHONE | FAX

CUSTOMER INFORMATION

LEGAL COMPANY NAME | ADDRESS | E-MAIL ADDRESS

CITY | STATE | ZIP | PHONE | FAX | FED. TAX I.D. #

CONTACT PERSON | TYPE OF BUSINESS ☐CORPORATION ☐PROPRIETORSHIP ☐PARTNERSHIP

OF YEARS IN BUSINESS UNDER CURRENT OWNERSHIP | # OF EMPLOYEES | DESCRIPTION OF BUSINESS

BILLING ADDRESS (IF DIFFERENT FROM ABOVE) | CITY | STATE | ZIP

LEASE INFORMATION

DESCRIPTION OF PRODUCT | PRODUCT COST

LEASE TERM | PAYMENT AMOUNT | PURCHASE OPTION ☐FMV ☐$1.00

PERSONAL DATA

NAME | HOME ADDRESS

CITY | STATE | ZIP | SOCIAL SECURITY #

TITLE | % OWNERSHIP

REFERENCE DATA

LIST PRESENT BANK(S) - PREVIOUS BANK IS REQUIRED IF APPLICANT HAS BEEN AT PRESENT BANK LESS THAN TWO YEARS

PRESENT BANK OF APPLICANT | PREVIOUS OR SECOND BANK OF APPLICANT

BRANCH | PHONE | BRANCH | PHONE

NAME OF BANK OFFICER | ACCT. # | NAME OF BANK OFFICER | ACCT. #

TRADE REFERENCES NAME AND ADDRESS | PHONE | CONTACT

1.

2.

3.

I hereby authorize our banks, trade references, and financial institutions the right to release credit information over the phone.

X

Toll-Free: 866-537-0011 Local: 507-537-0011 Fax: 507-537-0022