



Attn: Paul Krey
Fax: 320-252-2111
Phone: 800-471-2122 Ext 363

Lease Application

Legal Name: \_\_\_\_\_ dba: \_\_\_\_\_

Business Start Date: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Corporation Partnership
Proprietor Other Fed ID Number: \_\_\_\_\_ Type of Business: \_\_\_\_\_

\*Owner: \_\_\_\_\_ SSN: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Owner: \_\_\_\_\_ SSN: \_\_\_\_\_ Title: \_\_\_\_\_ % Ownership: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If additional space is needed, please attach separate sheet

References/Suppliers

Primary Bank: \_\_\_\_\_ Phone: \_\_\_\_\_ Officer: \_\_\_\_\_

Supplier: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Supplier: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: \_\_\_\_\_

Financial Information Equipment price > \$25,000

Business

Year 20\_\_ Annual Sales \$ \_\_\_\_\_

Net Income \$ \_\_\_\_\_

Assets \$ \_\_\_\_\_

Liabilities \$ \_\_\_\_\_

Personal

Year 20\_\_ Income (W-2) \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

Assets \$ \_\_\_\_\_

Liabilities \$ \_\_\_\_\_

Dealer/Equipment Information

Dealer: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

New Used Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Description: \_\_\_\_\_

Price: \$ \_\_\_\_\_ Pymt. Frequency: M Q SA A Term: \_\_\_\_\_ Advance: \_\_\_\_\_

Purchase Option: 10% 20% \$1.00 Payment: \$ \_\_\_\_\_ Notes: \_\_\_\_\_

Address where equipment will be located: \_\_\_\_\_

Own Rent Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby certify that the above information is correct to the best of my knowledge. I authorize Northland Capital and/or its lenders and assigns to obtain personal credit information on myself and other principals of the organization; and I authorize my banks and creditors to release any and all credit information needed for thorough evaluation. I understand that I may be required to supply additional information.

X \_\_\_\_\_ X \_\_\_\_\_ Date: \_\_\_\_\_