



Fax #: 732 786 0491

## EQUIPMENT LEASING APPLICATION

BUSINESS NAME/LESSEE		TELEPHONE	FAX
ADDRESS (STREET)	(CITY)	(STATE)	(COUNTY) (ZIP CODE)
TYPE OF BUSINESS		AGE OF BUS.	FEDERAL TAX NUMBER
LOCATION OF EQUIPMENT (STREET)	(CITY)	(STATE)	(COUNTY) (ZIP CODE)

PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE #	SS NUMBER
HOME ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	
PRINCIPAL'S NAME	TITLE	% OWNERSHIP	HOME PHONE #	SS NUMBER
HOME ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)	

VENDOR <b>JOOS USA</b>	CONTACT
ADDRESS (STREET)	(CITY) (STATE) (ZIP CODE) TELEPHONE
<b>680 MADISON AVE MANALAPAN, NJ 07726</b>	
EQUIPMENT DESCRIPTION	
COST OF EQUIPMENT	TERM OF LEASE LEASE OPTIO ADVANCE

BANK	BRANCH	TELEPHONE	FAX
ACCOUNT UNDER NAME OF	CHECKING ACCOUNT NUMBER	ORIGINAL BALANCE	CURRENT BALANCE

**I hereby authorize Joos USA/Quail Leasing Corp. its successors, nominees, or its assignees to investigate my business and/or personal credit standing.**

\_\_\_\_\_  
Signature/title Date