



**BANK
OF THE
SIERRA**

COMMERCIAL LEASE APPLICATION

EQUIPMENT TO BE LEASED: NEW: USED:

Description of Equipment	Serial #	Model	Cost
1. _____	_____	_____	Equip _____
2. _____	_____	_____	Freight _____
3. _____	_____	_____	Labor _____
4. _____	_____	_____	Other _____
TOTAL			\$ _____ -

VENDOR INFORMATION:

Vendor Name: _____
 Address: _____
 Street Address _____ City and State _____ Zip _____ County _____
 Contact Person and Phone #: _____

Equipment Location (if other than lessee's address):
 Address: _____
 Street Address _____ City and State _____ Zip _____ County _____

Will equipment be used: FULL-TIME PART-TIME % SLACK TIME
 Approximate hours per year equipment will be used: _____

LESSEE INFORMATION:

Company's Legal Name: _____ Tax ID #: _____
 Company's DBA: _____ Date Established: _____
 Billing Address: _____
 Street Address: _____
 Telephone: _____ Fax: _____ E-Mail: _____
 Description of Business: _____

Business Entity Type: Corporation Partnership Proprietorship LLC

OWNER'S/PARTNER'S/STOCKHOLDER'S INFORMATION:

#1 Name: _____ SSN: _____
 Street Address _____ City and State _____ Zip _____ County _____
 Home Phone: _____ Cell Phone: _____
 #2 Name: _____ SSN: _____
 Street Address _____ City and State _____ Zip _____ County _____
 Home Phone: _____ Cell Phone: _____

PRIMARY BANK:

Name of Bank/Branch _____ City and State _____ Zip _____ County _____
 Contact: _____ Checking #: _____ Loan #: _____
 Phone #: _____

TRADE REFERENCES (TWO YEARS + HISTORY):

Trade Name	Contact	City/State/Phone #	Account #
_____	_____	_____	_____
_____	_____	_____	_____