



PO Box 866  
 360 East Avenue North, Suite 700  
 Ketchum, ID 83340  
 Phone: 208-726-3331  
 Toll Free: 800-743-5926

**LEASE APPLICATION - PLEASE FAX TO: 208-726-4878 OR EMAIL TO: INFO@ASCENTE.US**

<b>B U S I N E S S</b>	BUSINESS NAME/LESSEE					TELEPHONE NO.
	ADDRESS (MAILING)		(CITY)	(STATE)	(ZIP)	FAX NO.
	TYPE OF BUSINESS			DATE ESTABLISHED		FED. TAX NO.
	LOCATION OF EQUIPMENT (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP)

<b>O W N E R S H I P</b>	Business Structure <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship						
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	DRIVER'S LIC. NO.
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	DRIVER'S LIC. NO.
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.	
HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	DRIVER'S LIC. NO.	

<b>B A N K</b>	BANK	ACCOUNT NUMBER	TELEPHONE	CONTACT
	BANK	ACCOUNT NUMBER	TELEPHONE	CONTACT

BUSINESS INSURANCE AGENT	TELEPHONE	FAX
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<b>T R A D E S</b>	COMPANY NAME	ACCOUNT NO.	TELEPHONE NO.	CONTACT PERSON

<b>E Q U I P M E N T</b>	VENDOR				CONTACT	
	ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	TELEPHONE
	EQUIPMENT TO BE LEASED					
	COST OF EQUIPMENT \$	TERMS OF LEASE	RATE / MO. PAYMENT		DEPOSIT REC'D \$	

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal of extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/We affirm my/our identity as the respective individual(s) identified in the above application.

By signing and submitting this application by fax/email, I hereby authorize Ascente Financial or any credit bureau or other investigative agency employed by Ascente Financial to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility.	<b>X</b> _____ SIGNATURE/TITLE	_____ DATE
	<b>X</b> _____ SIGNATURE/TITLE	_____ DATE