



Nuendo ID Controller Lease Finance Program

Please print or type information
Must Be U.S. Citizen

Business Information

Company Name (as it appears on your check) Federal ID # Years in Business D&B# E-mail Address

Street Address (no PO Boxes) City State Zip County

Phone Number Fax Number Corporation Partnership Proprietorship LLC Non-Profit
(please check one)

Owners/Officers (Those authorized to sign and/or guarantee the lease)

Full Name and Title Home Address Social Security # %Ownership

Full Name and Title Home Address Social Security # %Ownership

Full Name and Title Home Address Social Security # %Ownership

Bank References (Previous or 2nd bank required if current account is less than two years old)

Present Bank Phone# Fax# Account# Contact Person Date Opened

Additional Account Phone# Fax# Account# Contact Person Date Opened

Previous Bank Phone# Fax# Account# Contact Person Date Opened

Trade References (Over 1 year history—No COD accounts, credit cards or vehicle leases)

Company Phone# Fax# Account# Contact Person High Credit

Company Phone# Fax# Account# Contact Person High Credit

Company Phone# Fax# Account# Contact Person High Credit

Previous Loans or Leases

Lender Phone# Fax# Account# Contact Person Amount When Paid



(800) 626-5324 Fax: Application to: (843) 363-5991
<http://www.lfci.net>

Equipment List

Quantity	Model#	Manufacturer	Description	Cost
Quantity	Model#	Manufacturer	Description	Cost
Quantity	Model#	Manufacturer	Description	Cost
Quantity	Model#	Manufacturer	Description	Cost
TOTAL Equipment Cost \$				_____

Primal Gear

Dealer	Contact	Phone	Fax	email
Length of Lease Desired (check One) 2 YR <input type="checkbox"/> 3YR <input type="checkbox"/> 4YR <input type="checkbox"/> 5YR <input type="checkbox"/>				

Insurance Information

Insurance Carrier	Agent	Phone#	Fax#
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Credit Information

Have you had any personal or company credit problems in the last five years? Yes No

Have you had or are you currently under any judgments: liens: NSF company checks:

Have You Applied for a lease or loan in the last 90 days? Yes No Were you approved? Yes No

Name of company applied to _____ Phone# _____ Fax# _____

Amount applied for \$ _____ When did you apply? _____

If you were turned down, please give the reason. _____

Account Information Release—Sign at X

The undersigned represents that all information provided with this Application is true and correct and hereby authorizes LFCI or it's assigns to obtain from third parties information Lender deems necessary to arrive at a decision regarding this Application.

By signing below, the undersigned individual as principle of and or guarantor for the Application, authorizes LFCI, its designee, assigns or potential assigns, to review his/her credit profile provided by national credit bureaus in considering this Application and for the purpose of the update, renewal, or extension of credit to the applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

Business Name: _____

X

Authorized Signature

Title

Date

Print Name _____