



SUN Equipment Leasing, Inc

Fax credit application to 561-361-0844

BUSINESS INFORMATION			
Company Name			Phone
Street Address	City	State	Zip
Nature of Business	Date Established	County	
Type of Business (Check One) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC			
Equipment Location (if different from above)			

PRINCIPAL INFORMATION Include all owners to account for 100% of company ownership			
Name	Social Security Number	Phone	Title
Street Address	City	State	Zip
Name	Social Security Number	Phone	Title
Street Address	City	State	Zip

BANK INFORMATION			
Bank	Account Number	Phone	Contact
Bank	Account Number	Phone	Contact

TRADE REFERENCES			
Name	Phone	Contact	How Long
Name	Phone	Contact	How Long
Name	Phone	Contact	How Long

VENDOR INFORMATION			
Name of Vendor (Company)		Phone	Contact
Street Address	City	State	Zip
Description of Equipment			Cost of Equipment

I/WE hereby authorize our banks, financing sources and credit references to release any and all information regarding our accounts for the purpose of credit investigation.

X _____ Title _____ Date _____
 Signature