



SUN Equipment Leasing, Inc

Fax credit application to 561-908-2020

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