

RER LEASING CORP.

Credit Application

SUPPLIER INFORMATION

VENDOR NAME CONTACT PHONE FAX

CUSTOMER INFORMATION

LEGAL COMPANY NAME ADDRESS COUNTY

CITY STATE ZIP PHONE FAX FED. TAX I.D. #

CONTACT PERSON TYPE OF BUSINESS
 CORPORATION PROPRIETORSHIP PARTNERSHIP

OF YEARS IN BUSINESS UNDER CURRENT OWNERSHIP # OF EMPLOYEES DESCRIPTION OF BUSINESS

BILLING ADDRESS (IF DIFFERENT FROM ABOVE) CITY STATE ZIP

LEASE INFORMATION

DESCRIPTION OF PRODUCT PRODUCT COST

LEASE TERM PAYMENT AMOUNT PURCHASE OPTION
 FMV \$1.00

PERSONAL DATA

NAME HOME ADDRESS CELL NUMBER

CITY STATE ZIP SOCIAL SECURITY #

TITLE % OWNERSHIP E-MAIL ADDRESS

NAME HOME ADDRESS CELL NUMBER

CITY STATE ZIP SOCIAL SECURITY #

TITLE % OWNERSHIP E-MAIL ADDRESS

REFERENCE DATA

LIST PRESENT BANK(S) - PREVIOUS BANK IS REQUIRED IF APPLICANT HAS BEEN AT PRESENT BANK LESS THAN TWO YEARS
PRESENT BANK OF APPLICANT PREVIOUS OR SECOND BANK OF APPLICANT

BRANCH PHONE BRANCH PHONE

NAME OF BANK OFFICER ACCT. # NAME OF BANK OFFICER ACCT. #

TRADE REFERENCES NAME AND ADDRESS PHONE CONTACT

1.

2.

3.

By signing below, the individual submitting this form, recognizing that his/her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent.

I hereby authorize our banks, trade references, and financial institutions the right to release credit information over the phone.

DATE

X

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