



1200 Timberlake Ave.  
Edmond, OK 73034

Please contact us at:  
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## EQUIPMENT LEASING APPLICATION

DATE: \_\_\_\_\_

<b>BUSINESS APPLICANT</b>	COMPANY NAME (Full Legal Name, including DBA if applicable)			CONTACT			
	ADDRESS		CITY	STATE	COUNTY	ZIP CODE	PHONE
	EQUIPMENT LOCATION ADDRESS (if different from above)						FAX NO.
	TYPE OF BUSINESS		DATE ESTABLISHED		YRS./CURRENT OWNERSHIP		FED TAX I.D. #
	STRUCTURE OF OWNERSHIP <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Closely Held <input type="checkbox"/> Public						STATE OF ORGANIZATION
<b>OWNERSHIP</b>	PRINCIPAL'S NAME		TITLE	%OWNERSHIP	SOCIAL SECURITY #		
	HOME ADDRESS		HOME PHONE	HOW LONG <input type="checkbox"/> OWN <input type="checkbox"/> RENT	SPOUSE		
	PRINCIPAL'S NAME		TITLE	%OWNERSHIP	SOCIAL SECURITY #		
	HOME ADDRESS		HOME PHONE	HOW LONG <input type="checkbox"/> OWN <input type="checkbox"/> RENT	SPOUSE		
<b>BANKS</b>	BANK NAME		BRANCH	PHONE NO.	OFFICER		
	NAME ON ACCOUNT		DATE OPENED	CHECKING ACCOUNT #	SAVINGS ACCOUNT #	LOAN #	
	BANK NAME		BRANCH	PHONE NO.	OFFICER		
	NAME ON ACCOUNT		DATE OPENED	CHECKING ACCOUNT #	SAVINGS ACCOUNT #	LOAN #	
<b>TRADES</b>	COMPANY NAME		PHONE	LOCATION	ACCT # OR CONTACT		
<b>EQUIPMENT</b>	VENDOR		PERSON TO CONTACT		PHONE NO.		
	ADDRESS		PRICE		MONTHS		
	EQUIPMENT DESCRIPTION (Mfg., Model, Serial #)		SALES TAX		PAYMENTS		
			DELIVERY		ADVANCE PAYMENTS		
			TOTAL		SECURITY DEPOSIT		
<b>AUTHORIZATION</b>	<b>IMPORTANT – APPLICANT READ BEFORE SIGNING</b>						
	<p>I hereby certify that all information contained in this application and all attachments hereto, are true and complete to the best of my knowledge, and are made for the purpose of obtaining credit. I authorize Pinnacle Financial, Inc. to verify any of the information from whatever source it deems appropriate and I further authorize any of the above references to release credit information to Pinnacle Financial, Inc. I agree to notify Pinnacle Financial, Inc. of any change in the condition of my affairs, and this statement shall be construed by you to be a continuing statement of the conditions of the undersigned until written notice to the contrary is received by you. It is understood that this applications shall remain the property of Pinnacle Financial, Inc., whether or not the lease is granted, and that this constitutes and application only and shall not be binding upon either Pinnacle Financial, Inc. or the applicant.</p>						
DATE	SIGNATURE			TITLE			

THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND SIGNED