



Wyatt Leasing, LLC

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LEASE APPLICATION

EXACT LEGAL

Company Name _____

Address _____

Address _____

City _____ St. _____ Zip _____

County _____ Phone () _____

FAX# _____ Cell () _____

Federal ID# _____

Time in Business _____

Owner/President

Name/Title _____

Address _____

Name/Title _____

Address _____

Credit References

Primary Business Bank _____ Officer _____

Account #: Checking _____ Savings _____ Phone # _____

Secondary Business Bank _____ Officer _____

Account #: Checking _____ Savings _____ Phone # _____

Trade References

Firm Name _____ Phone # _____ Acct # _____

Firm Name _____ Phone # _____ Acct # _____

Firm Name _____ Phone # _____ Acct # _____

Firm Name _____ Phone # _____ Acct # _____

Equipment to be Leased _____

Total Price _____ Amount of Payment _____ Term _____

PLEASE READ AND SIGN

The undersigned authorizes and instructs any person or consumer reporting agency to compile and furnish Wyatt Leasing L.L.C. and/or assigns or any credit bureau or other investigative agency employed by Wyatt Leasing with any information it may have or obtain in response to an inquiry from Wyatt Leasing L.L.C. Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for the purpose of update, renewal or the extension of such credit or additional credit and for review and collecting the resulting account, 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. A photostat or facsimile copy of this authorization shall be valid as the original. By signing below, I/we agree to all terms of the application and affirm that all above information is true and correct.

Vendor _____

Address _____

City _____ St. _____ Zip _____

County _____ Phone () _____

FAX# _____

Company Info: _____

Type of Business _____

- LLC
- Corporate
- Partnership
- Proprietorship

Social Security # _____

Social Security # _____

Signed _____

Dated _____

Signed _____

Dated _____