

# Lease Application



## Alpine Equipment Funding

Please fax application to:  
160 Newport Center Dr. Ste. 116  
Newport Beach, CA 92660  
T: 800.640.8660  
F: 949.706.9764  
Email: [clayton@alpinefunding.us](mailto:clayton@alpinefunding.us)

### Customer Information

|                  |                                  |   |  |                                 |                   |
|------------------|----------------------------------|---|--|---------------------------------|-------------------|
| BUSINESS NAME    |                                  |   |  |                                 |                   |
| ADDRESS          |                                  | CITY                                    | STATE                                      | ZIP                             |                   |
| PHONE #          |                                  | FAX #                                   | E-MAIL ADDRESS                             |                                 |                   |
| CHECK ONE:       | CORP<br><input type="checkbox"/> | PARTNERSHIP<br><input type="checkbox"/> | PROPRIETORSHIP<br><input type="checkbox"/> | LLC<br><input type="checkbox"/> | FEDERAL TAX ID. # |
| TYPE OF BUSINESS |                                  | # OF YEARS                              | LESSEE CONTACT                             |                                 |                   |
| PRINCIPAL #1     |                                  | % OWNED                                 | PRINCIPAL #2                               | % OWNED                         |                   |
| ADDRESS          |                                  | ADDRESS                                 |  |                                 |                   |
| CITY, STATE, ZIP |                                  | CITY, STATE, ZIP                        |  |                                 |                   |
| PHONE #          | SOC. SEC. #                      | PHONE #                                 | SOC. SEC. #                                |                                 |                   |

### Authorization to Release Information

The undersigned individual recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes Alpine Equipment Funding 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 to claim they would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent. A fax or photocopy of this authorization shall be valid as the original.

I authorize and instruct any person or consumer reporting agency to compile and furnish any information it may have to obtain in response to such inquiries.

|           |      |           |      |
|-----------|------|-----------|------|
| SIGNATURE | DATE | SIGNATURE | DATE |
|-----------|------|-----------|------|

### Equipment Description

|                    |                          |         |            |         |              |
|--------------------|--------------------------|---------|------------|---------|--------------|
| EQUIPMENT SUPPLIER | RJM Equipment Sales, Inc | CONTACT | Brian Moss | PHONE # | 360-828-5732 |
| MAKE, MODEL        |                          |         |            | COST    |              |

### Bank Reference

|         |           |             |
|---------|-----------|-------------|
| BANK    | ACCT #    | DATE OPENED |
| CONTACT | ACCT TYPE | PHONE #     |

### Trade References

|          |         |      |
|----------|---------|------|
| SUPPLIER | PHONE # | FAX# |
| SUPPLIER | PHONE # | FAX# |
| SUPPLIER | PHONE # | FAX# |

### Insurance information

|             |         |      |
|-------------|---------|------|
| AGENTS NAME | PHONE # | FAX# |
|-------------|---------|------|