



Lease Application

email: finance@gymsupply.com

Fax: 860-779-0854

Business Name _____ Phone # _____ Fax # _____

Address (incl. City/State/Zip) _____

Nature of Business _____ Years in Business _____ Tax ID# _____

Location of Equipment (incl. City/State/Zip) _____

TYPE OF BUSINESS Proprietorship Partnership Corporation

CONTACT INFORMATION

Name _____ Relationship to business _____

Primary Phone _____ Email _____

Fax _____

FINANCING DETAILS

How much do you need? _____ How long? _____

What is it for? _____ Payment range _____

PERSONAL INFORMATION ON APPLICANTS

Principal's Legal Name _____ Title _____

DOB _____ SSN _____ Percentage of Ownership _____

Home Address (incl. City/State/Zip) _____

Spouse's Name _____ Spouse's SSN _____ Phone # _____

How long at this address? _____ Own home? Yes No

How long at this address? _____ Own home? Yes No

Principal's Legal Name _____ Title _____

DOB _____ SSN _____ Percentage of Ownership _____

Home Address (incl. City/State/Zip) _____

Spouse's Name _____ Spouse's SSN _____ Phone # _____

How long at this address? _____ Own home? Yes No

How long at this address? _____ Own home? Yes No

BUSINESS BANK INFORMATION (PLEASE LIST ALL CHECKING, SAVINGS AND ALL OTHERS)

(1) Account Type _____ Account # _____
Bank Name _____ Branch _____ Bank Officer _____ Phone # _____
(2) Account Type _____ Account # _____
Bank Name _____ Branch _____ Bank Officer _____ Phone # _____
(3) Account Type _____ Account # _____
Bank Name _____ Branch _____ Bank Officer _____ Phone # _____

PLEASE LIST ANY BUSINESS DEBT, BOTH INSTALLMENT AND REVOLVING

Company Name _____ Owed _____ High Credit _____
Company Name _____ Owed _____ High Credit _____
Company Name _____ Owed _____ High Credit _____
Company Name _____ Owed _____ High Credit _____
Company Name _____ Owed _____ High Credit _____

PLEASE LIST SIGNIFICANT TRADE REFERENCES

Company Name _____ Contact _____ Phone # _____
Company Name _____ Contact _____ Phone # _____
Company Name _____ Contact _____ Phone # _____

EQUIPMENT TO BE LEASED

Equipment Vendor _____ Expected Delivery Date _____
Vendor Address (*incl. City/State/Zip*) _____
Vendor Contact _____ Phone # _____
Equipment Cost _____ Equipment Type _____ Desired Lease Term _____
Insurance Company _____ Agent Name _____ Phone # _____

PLEASE LIST PROGRAMS YOU OFFER (gymnastics, preschool, cheer, parties, etc)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

What is your objective? How does this equipment help you?

The undersigned certifies that all credit and financial information submitted is true and correct and authorizes DGS Financing or its assignees, to investigate Lessee's credit worthiness and disclose information and investigation results to each other. The undersigned authorizes all parties contacted to release credit and financial information requested as part of said investigation. All duplicates are to be viewed as valid as the original.

Date _____

Applicant Signature _____

Printed name _____

Title _____