



**Nations Transaction Services, Inc.**  
**LEASING SERVICES DIVISION**  
 805-480-1569 Fax 805-480-4960  
 www.ntsleasing.com

**Scott Snyder**  
 Leasing Division  
 Manager  
 scott@ntspays.com  
 866-222-2112

**BUSINESS INFORMATION:**

<b>EXACT LEGAL COMPANY NAME:</b>	<b>TERM (Months)</b> <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60	<b>BUSINESS TYPE</b> <input type="checkbox"/> LLC <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LP <input type="checkbox"/> SOLE PROPRIETOR
<b>DBA (if applicable) :</b>	<b>CONTACT PERSON:</b> Mr. <input type="checkbox"/> / Ms <input type="checkbox"/>	
<b>MAILING/ BUSINESS ADDRESS:</b>	Cell #: E-mail: _____	
<b>CITY/ STATE/ ZIP:</b>		
<b>BUSINESS PHONE NUMBER:</b>	<b>BUSINESS FAX NUMBER:</b>	

**PERSONAL INFORMATION:** *Include all owners to account for 100% of company ownership*

PRINCIPAL	SOCIAL SECURITY	TITLE &	HOME ADDRESS & TELEPHONE

**EQUIPMENT INFORMATION:**

<b>TYPE OF EQUIPMENT:</b>	<b>EQUIPMENT COST:</b> \$	
<b>SUPPLIER:</b>	<b>CONTACT:</b>	<b>PHONE:</b>
<b>SUPPLIER ADDRESS:</b>	<b>E-MAIL:</b>	<b>CELL #:</b>

**AUTHORIZATION TO OBTAIN CREDIT INFORMATION**

Applicant warrants all credit and financial information submitted to Nations Transaction Services, Inc. (here after referred to as NTS) and/or its assignees to be true and accurate and hereby authorizes all banking institutions and credit reporting agencies to release necessary information via telephone, mail, Internet or facsimile as requested for purposes of making a credit decision. The undersigned individuals specifically authorize NTS and/or it assigns to obtain personal credit bureau reports for the making, extension, or renewal of this credit decision or collection of the resulting account. A fax or photocopy of this authorization shall be valid as the original.

X

Signature

Print Name

Date

**Please complete application and fax directly to Nations Leasing Division at 805.480.4960**