



EQUIPMENT LEASING GROUP OF AMERICA

Credit Application

Equipment Leasing Group of America, LLC
211 Waukegan Road, Suite 100
Northfield, IL 60093

Send Scanned Copy to Info@ELGALLC.com

CUSTOMER (Complete name of legal entity. If a corporation, use EXACT registered corporate name.)

Company	DBA
---------	-----

Billing Address	City	County	State	Zip
-----------------	------	--------	-------	-----

Contact Person	Mr.	Mrs.	Ms.	Title	E-Mail
----------------	-----	------	-----	-------	--------

Telephone	Tax ID/EIN	Time In Business	Yr(s)	Mo(s)
-----------	------------	------------------	-------	-------

Nature of Business:	Type of Business	LLC/LLP	Proprietorship	Partnership	Corporation
---------------------	------------------	---------	----------------	-------------	-------------

PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTOR (Include any person with 25% or more ownership)

Name	Title	% Ownership	Social Security No.
------	-------	-------------	---------------------

Home Address	City	State	Zip	Home Phone No.
--------------	------	-------	-----	----------------

Date of Birth	Email Address	Cell Phone No.
---------------	---------------	----------------

Name	Title	% Ownership	Social Security No.
------	-------	-------------	---------------------

Home Address	City	State	Zip	Home Phone No.
--------------	------	-------	-----	----------------

Date of Birth	Email Address	Cell Phone No.
---------------	---------------	----------------

Has the Company or any Guarantors ever declared bankruptcy	Yes	No
--	-----	----

SUPPLIER INFORMATION

Supplier's Name	Contact
-----------------	---------

Telephone Number	Email
------------------	-------

EQUIPMENT INFORMATION (Attach separate schedule if necessary)

Quantity	Description (include make, model & serial #'s and any attachment)	Equipment Cost (excluding applicable tax)	\$
----------	---	---	----

REQUESTED LEASE PAYMENT TERMS

Term in Months	Lease Payment - (not including tax)	Down Payment	Purchase Option
	\$	\$	

TRADE REFERENCES - TWO YEAR HISTORY

Name of Supplier	City/State	Telephone No.	Contact Person
		Email.	

Name of Supplier	City/State	Telephone No.	Contact Person
		Email.	

COMPANY BANK REFERENCES - TWO YEAR HISTORY

Name of Bank/Branch	Chkg. Acct. #	Telephone No.	Contact Person
---------------------	---------------	---------------	----------------

City/State	Loan Acct. #	Email
------------	--------------	-------

Applicant authorizes the release of any credit information concerning applicant including credit reports, loan, lease, checking, saving and trade accounts to Equipment Leasing Group of America, LLC, and / or any of its assigns. Applicant warrants that the information stated above is true and correct. Authorization is granted to use photo or fax copies of this application and applicant's signature thereon to obtain credit information.

Signature: **X** _____

Date: _____

Signature: **X** _____

Date: _____