



STEARNS BANK N.A. EQUIPMENT FINANCE DIVISION

LEASE APPLICATION

DEALER INFORMATION

Dealer: Phone: Address: Dealer Contact:

TYPE OF CREDIT REQUESTED:

Individual Credit, Joint Credit, etc. Relying solely on my income or assets.

BUSINESS INFORMATION

Company name: Federal ID #: Phone: Fax: Cell: E-mail: Bus. Physical address: Bus. Billing Address: City, State, ZIP: Nature of Bus: Years in Bus: Annual Sales: No. of Employees: Sole Proprietorship: Partnership: LLC: Corporation: Other:

PERSONAL INFORMATION (PLEASE PROVIDE COPIES OF DRIVERS LICENSES W/APPLICATION)

Owner Name (First/MI/Last): Phone: Home Address: City: State: ZIP Code: Social Security #: Date of Birth: US Citizen? Yes / No

BANK REFERENCE

Primary Bank: Contact: Phone: City, State: Customer Name: Account # (s):

TRADE REFERENCES

Trade Name: City, State: Phone: (repeated 3 times)

EQUIPMENT

Equipment Description- Year, Make, Model: New or Used Cost (w/o Tax) \$ Term: Purchase Option: Advance Payments: Replacement? Yes / No Additional? Yes / No

SIGNATURES

Stearns Bank NA and/or its affiliates will be requesting information on all accounts maintained at your bank. Please accept this release as authorization to provide the requested information.

X Signature Date X Signature Date