

CREDIT APPLICATION

GLEASON LEASING

Phone: 909-319-6178 Fax: 714-960-4162 Email: tgleason@gleasonleasing.com P.O. Box 1462 Sunset Beach California 90742

Contact Information		
Company Name:		Federal Tax I.D. #:
Street Address:		PO Box:
City:	State:	Zip Code:
Contact Name:	Phone Number:	Fax Number:
Business Type: Sole Proprietor /Partnership /Corporation		
How long in business?:		

Principle Owners, Officers, Stockholder's and/or Directors			
Name	Title	SS# or FEI #	

Bank References			
Bank Name:	City/Branch:	Phone Number:	
Checking A/C #:	Loan A/C #:	Date Opened*:	
*If account open less than 2 years please list prior bank reference in the space below:			
Bank Name:	City/Branch:	Phone Number:	
Checking A/C #:	Loan A/C #:	Date Opened*:	

Trade References			
Name	City/State	Phone #	
1.			
2.			
3.			
4.			
5.			

Other Information		
Are Purchase Orders Required?:	Tax Status (if exempt, certificate must be attached):	
Yes /No	Exempt /Not Exempt	
Do you have Physical Damage Coverage for Rental Equipment?:		(A certificate of insurance must be
No /Yes If Yes, what are your limit	ts:	attached to verify sufficient coverage.)
Bonding Company (Name/Address):		

For the purpose of establishing credit with Gleason Leasing, I hereby authorize the above named bank and trade references to furnish the requested account/credit information.

Signature:	Title:	Date: