



STEARNS
BANK N.A.
EQUIPMENT FINANCE DIVISION

LEASE APPLICATION

DEALER INFORMATION

Dealer:	Phone:
Address:	Dealer Contact:

TYPE OF CREDIT REQUESTED:

<input type="checkbox"/> Individual Credit <i>Relying solely on my income or assets.</i>	<input type="checkbox"/> Individual Credit <i>Relying on my income or assets as well income or assets from other sources.</i>	<input type="checkbox"/> Joint Credit, Initial here: <i>We intend to apply for joint credit.</i> <small>*Complete separate credit application for Co-applicant.</small>
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BUSINESS INFORMATION

Company name:		Federal ID #:	
Phone:	Fax:	Cell:	E-mail:
Bus. Physical address:		Bus. Billing Address:	
City, State, ZIP:		City, State, Zip:	
Nature of Bus:	Years in Bus:	Annual Sales:	No. of Employees:
Sole Proprietorship: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	LLC: <input type="checkbox"/>	Corporation: <input type="checkbox"/>
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
Owner Name (First/MI/Last):			Phone:
Home Address:	City:	State:	ZIP Code:
Social Security #:	Date of Birth:	US Citizen?	Yes / No

If more owners, please include their information on a separate sheet

BANK REFERENCE

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

TRADE REFERENCES

Trade Name:	City, State:	Phone:
Trade Name:	City, State:	Phone:
Trade Name:	City, State:	Phone:

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. Stearns Bank NA and/or its affiliates reserve the right to pull a credit bureau on all parties identified as owners on the application.

X _____ Signature	_____ Date	X _____ Signature	_____ Date
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