COMMERCIAL LEASE APPLICATION

Illinois, Missouri, and (1)

P.O. Box 1197 • Evansville, IN 47706

Fax 866.866.1334 • Tel 866.866.1331

LESSEE (legal name of company)		**SUPPLIER**	
Name		Name	
Address		Address	
City/State/Zip Code		City/State/Zip Code	
Telephone	Fax	Telephone	Fax
Contact Person	Title	Contact Person	Title
Email Address		Email Address	

EQUIPMENT & BUSINESS INFORMATION

☐ New ☐ Used Total Equipment Cost – **Do not include sales tax** **$** (**attach Itemized list of costs)**

Equipment Location (if other than above)	Business Property: ☐ Own ☐ Rent (Include landlord in **TRADE REFERENCES**)

Nature of Business	Years in Business	State of Incorporation	Federal Tax ID No.

Type of Business: ☐ Corporation ☐ Partnership ☐ Proprietorship ☐ Non-Profit ☐ Government ☐ Other

BANKS

1. Bank Name		2. Bank Name	
Type of Account	Account Number	Type of Account	Account Number
Contact Officer	Telephone	Contact Officer	Telephone

TRADE REFERENCES

1. Name	Telephone	3. Name	Telephone
2. Name	Telephone	4. Name	Telephone

Please provide the following on principals/owners:

Name	Home Address	City/State/Zip Code	Social Security Number
Name	Home Address	City/State/Zip Code	Social Security Number

SIGNATURE/RELEASE (Must have signatures from each social security number provider before processing application):

It is expressly understood that this constitutes an application only and in itself shall not be binding upon either party. Additionally, I/we authorized Comfort Financial Services to investigate the banks, savings and loan and trade references listed, and if required by Comfort Financial, to perform personal credit investigations on the corporate principals, partner or proprietor listed above. I consent to receive communications sent by Comfort Financial via U.S. mail, phone, email and fax.

x_____ Authorization Date	x_____ Authorization Date

LEASE TERMS (Office Use Only)

Lease Term (months) ☐ 12 ☐ 24 ☐ 36 ☐ 48 ☐ 60 ☐ OTH_____ **20 % Down payment Required** ☐ yes ☐ no

Purchase Option ☐ $1.00 buyout ☐ 10% residual guaranteed **Advance Payment(s)** ☐ 1 ☐ 2

Monthly Payment $ _____ **plus** **Tax $** _____ **equals** **Total Monthly Payment $** _____

(1) Alabama, Alaska, Arizona, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Louisiana, Maryland, Mississippi, Missouri, Pennsylvania, South Carolina, Texas, Virginia, Wisconsin, District of Columbia