



P.O. Box 40851, San Juan, P.R. 00940-0851
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Corporate Leasing Credit Application

A. General Information							
Full Legal Name <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership						Employer's Soc. Sec. <input checked="" type="checkbox"/>	
Postal Address <input checked="" type="checkbox"/>							
Business Address <input checked="" type="checkbox"/>							
Work Telephone No. <input checked="" type="checkbox"/>		Website		Email <input checked="" type="checkbox"/>			
Type of Business <input checked="" type="checkbox"/>		No. of Employees <input checked="" type="checkbox"/>		Date Established <input checked="" type="checkbox"/>		Collateral Requested <input type="checkbox"/> VEHICLE <input type="checkbox"/> EQUIPMENT	
				Day		Month	
				Year			
B. Bank References							
Institutions	Branch At	Acct. No.	Officer	Telephone No.			
C. Trade References							
Name	Address			Contact & Title		Telephone No.	
D. Principal or Partners <input type="checkbox"/> Guarantor (Check if applicable)							
Name		Position		Date of Birth		Home Telephone No.	
				Day		Month	
				Year			
Home Address <input checked="" type="checkbox"/>							
Postal Address						Email <input checked="" type="checkbox"/>	
Social Security <input checked="" type="checkbox"/>		Driver's License No.		Expiration		Cellular No. <input checked="" type="checkbox"/>	
E. Principal or Partners <input type="checkbox"/> Guarantor (Check if applicable)							
Name		Position		Date of Birth		Home Telephone No.	
				Day		Month	
				Year			
Home Address							
Postal Address						Email	
Social Security		Driver's License No.		Expiration		Cellular No.	
F. Insurance Information							
Insurance Broker		Telephone No.		Cellular No.		Email	
G. Additional Corporations							
Name						Guarantee	Employer's Soc Sec
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
H. Principal Customers							
Name				Name			
Name				Name			
I. Equipment Location							
Physical Address <input checked="" type="checkbox"/>							
J. Accounts Payable Contact Information							
Name		Telephone No.		Cellular No.		Email	

The above information is for the purpose of obtaining credit and is warranted to be true. I hereby authorize Lease Option Co., Inc., to obtain a consumer report which may include information about my character, general reputation, personal characteristics and mode of living.

Remember to enclose:

1. Income Tax Return Form
2. Audited | Compiled Financial Statement by Certified Public Accountant
3. Interim Financial Statement (If more than 6 months since last audited)
4. If a subsidiary of a multi-national company, an annual report of the parent company
5. Bank Statements (3 most recent)

Name of Authorized Signature Guarantor <input checked="" type="checkbox"/>		Name of Additional Applicant	
Signature <input checked="" type="checkbox"/>	Date <input checked="" type="checkbox"/>	Signature	Date