



Moceri Leasing
INCORPORATED

400 S. Meridian Street #3E Puyallup, WA 98371
Tel: (253) 435-0111 Fax: (253) 848-3210

COMPANY NAME: _____
Type of Business: _____
Street Address: _____
City: _____ State: _____ County: _____ Zip: _____
Phone: _____ Years Owned Business _____

OFFICERS OR OWNERS: Corporation () Partnership () Proprietorship ()
Full Name Including Middle Initial: _____
Title: _____ S.S #: _____ FEIN#: _____
Home Address: _____
City, State, Zip: _____
Partner/Other Officer: _____ SS #: _____
Home Address: _____
City, State, Zip: _____ Home Phone: _____

BANK REFERENCES: (must include account number)
Name and Branch: _____
Account Number: _____ Checking: _____ Savings: _____
Loans: _____
Phone and Name of Bank Contact: _____
Name and Branch: _____
Account Number: _____
Phone and Name of Bank Contact: _____

TRADE REFERENCES (minimum of 3)

<u>Firm Name</u>	<u>Phone</u>	<u>Contact</u>	<u>City</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EQUIPMENT TO BE LEASED

<u>Quantity</u>	<u>Description</u>	<u>Model</u>	<u>Serial</u>	<u>Price</u>
_____	_____	_____	_____	_____

Terms: _____ Total Price: _____
Vendor-Broker: _____ Phone: _____

I hereby affirm that the foregoing information is true, correct, and made for the purpose of obtaining credit. You are hereby authorized to obtain such information as you may require concerning the foregoing statements, and I hereby authorize you to disclose any of the above information to credit agencies and other creditors.

Applicant's Signature

Date