

**LEASE
APPLICATION**

Zacklift Model _____

Granite Leasing Co.

P.O. Box 644 – Columbia Falls, MT

Phone: 800-246-7997

Fax: 406-892-5072

Dollar Amount Requested _____

Exact Legal

Company Name _____

Address _____

City _____ St. _____ Zip _____

County _____ Phone () _____

Fax () _____

Time in Business _____ Type of Business _____ Corporate

Fed. ID# _____ Partnership

Owner /President Proprietorship

Name/Title _____ Social Security _____

Address _____

Name/Title _____ Social Security _____

Address _____

Credit References

Primary Business Bank _____ Officer _____

Account #: Checking _____ Savings _____ Phone # _____

Secondary Business Bank _____ Officer _____

Account #: Checking _____ Savings _____ Phone # _____

Trade References

Firm Name _____ Acct # _____ Phone # _____

Firm Name _____ Acct # _____ Phone # _____

Firm Name _____ Acct # _____ Phone # _____

Firm Name _____ Acct # _____ Phone # _____

I (we) affirm that the foregoing information is true and correct and given the purpose of obtaining credit and understand that if credit is extended, Granite Leasing Co. and/or its assigners will rely on such information to secure the indebtedness. References are authorized to provide all relevant credit information to you.

You are authorized investigate my credit history with any of the banks or references listed above.

PLEASE READ AND SIGN

Signed

Date