



Business Lease Application

2810 St Augustine Rd. 904-398-5058
Jacksonville, FL 32207 904-398-5058 FAX

PRINT PDF AND FAX BACK TO AGENT 904-398-5058
ATTENTION _____

Company Information

Principal Owner's Information

Legal Business Name: _____
Contact Name & Title: _____
Address: _____
City, State Zip: _____
Federal Tax ID: _____
Business Phone: _____
Cell Phone: _____ Fax: _____
Email: _____
Year Started: _____ Year Started Current Ownership: _____
Business Type: ___ Partnership ___ LLC ___ SoleProp ___
S-Corp ___ Corporation ___ Non Profit ___
How Long at Current Address _____
Previous Address _____
Full Time Employees _____ # Corp Vehicles _____

Principal I Name: _____ Title _____
Phone # _____ % Ownership: _____ Start Date _____
SSecurity # _____ Date of Birth _____
Principal II Name: _____ Title _____
Phone # _____ % Ownership: _____ Start Date _____
SSecurity # _____ Date of Birth _____
Principal III Name: _____ Title _____
Phone # _____ % Ownership: _____ Start Date _____
SSecurity # _____ Date of Birth _____

Insurance / Trade Reference

Carrier Name: _____ **Agent Name:** _____
Address _____
Phone _____ **Contact Person** _____

Suppliers (with 2 years or longer history)
Name _____
Address _____
Contact Person _____ Phone _____
Name _____
Address _____
Contact Person _____ Phone _____

Signature: X _____
Print Name: _____
Title: _____ Date: _____

Delivery of this application bearing a facsimile signature(s) shall have the same force and effect as if the application bore an inked original signature(s). The applicant certifies that all information provided is true, correct and complete and that the account will be used solely for business and commercial purposes. The applicant, owner(s) and guarantor (if any) authorize GT Leasing, Inc. or its designee(s) or assignee(s) to obtain any information it may request from any business or consumer reporting agency or other sources that provide credit reports, account history information, credit and employment history or similar information; such authorization shall extend to update renewal or credit and for reviewing or collecting the account. The applicant acknowledges that, based upon such information and other factors which may apply, GT Leasing, Inc. or its assignee(s) designee(s), in their sole discretion, may either grant or decline to grant credit. By signing above, I also wish to continue to receive updates from GT Leasing, Inc. regarding our account. Information should be sent to the fax and/or email address given for the account.

Bank & Financial Information

Bank - Name & Branch: _____
Address _____
Acct # _____ Contact _____
Phone # _____ Yrs with Bank _____

Mortgage
Mortgage Holder or Landlord _____
Address _____
Contact Name _____ Phone _____

Financial
Last Years Gross Income _____
Last Years Net Income _____
Business Net Worth _____
Have You Ever Had Any (Yes or No) –
Bankruptcy ___ Liens ___ Judgements ___ Repossessions ___
Additional Notes and Explanation _____

