



La Salle Capital Solutions LLC
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LEASE APPLICATION

LESSEE INFORMATION

Legal Name of Lessee:
Lessee Contact: Phone: Fax:
Lessee Address: State: Zip: County:
Years in Business: Federal Tax ID#: Email Address:

OWNERS/GUARANTORS INFORMATION

Name: Home Address: Social Security#: % Ownership:
Name: Home Address: Social Security #: % Ownership:

FINANCIAL DATA

Total Assets: Total Annual Revenue:
Total Liabilities: Total Net Income:

EQUIPMENT INFORMATION

Vendor Name: Vendor Contact: Phone: Fax:
Vendor Address:
Equipment Description:
Equipment Location: Equipment Price (w/o tax):
(If different than lessee address)

CREDIT REFERENCE INFORMATION

BANK 1: Contact:
Checking No: Loan No: Phone:

Each individual signing below authorizes you or any assignee or funding source which may be utilized (collectively referred to as "Lenders") to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

X SIGNATURE SIGNER'S PRINTED NAME DATE

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