



Lease Application

Account Manager: **Wyman Rothanburg** . Marketing Support: Holly Fuchs
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1-800-471-2122 • Fax 866-950-2111 . www.northlandcapital.com

Legal Name: _____ dba: _____

Business Start Date: _____ Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Fax: _____ Contact Phone: _____

E-mail: _____ Website: _____

Corporation Partnership
 Proprietor Other _____ Fed ID Number: _____ Type of Business: _____

*Owner: _____ SSN: _____ Title: _____ % Ownership: _____

Address: _____ City: _____ State: _____ Zip: _____

*Owner: _____ SSN: _____ Title: _____ % Ownership: _____

Address: _____ City: _____ State: _____ Zip: _____

If additional space is needed, please attach separate sheet

References/Suppliers

Primary Bank: _____ Phone: _____ Officer: _____

Supplier: _____ Phone: _____ Contact: _____

Supplier: _____ Phone: _____ Contact: _____

Financial Information

Equipment price > \$25,000

Business

Year 20__ Annual Sales \$ _____

Net Income \$ _____

Assets \$ _____

Liabilities \$ _____

Personal

Year 20__ Income (W-2) \$ _____

Other Income \$ _____

Assets \$ _____

Liabilities \$ _____

Dealer/Equipment Information

Dealer: _____ Contact: _____ Phone: _____

New Used Year: _____ Make/Model: _____ Description: _____

Price: \$ _____ Pymt. Frequency: M Q SA A Term: _____ Advance: _____

Purchase Option: 10% 20% \$1.00 Payment: \$ _____ Notes: _____

Address where equipment will be located: _____ Own Rent

I hereby certify that the above information is correct to the best of my knowledge. I authorize Northland Capital and/or its lenders and assigns to obtain personal credit information on myself and other principals of the organization; and I authorize my banks and creditors to release any and all credit information needed for thorough evaluation. I understand that I may be required to supply additional information.

X _____ X _____ Date: _____