

# LEASE APPLICATION



BUSINESS	Exact Legal Business Name		Phone		Fax
	Billing Address (Street)		(City)	(State)	(Zip)
	Type of Business	Age of Business _____ Years Owned by Current Owners _____		Annual Sales \$ _____ Number of Employees _____	
	Primary Contact Name	Title _____	Phone _____		Cell Phone _____ Email _____
OWNERSHIP	Business Structure <input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____				
	Fed. Tax # _____		State and Year of Incorporation _____		
	Principal's Name	Title	% Ownership	Home Phone #	Soc. Sec. No.
	Home Address (Street)		(City)	(State)	(Zip)
	Principal's Name	Title	% Ownership	Home Phone #	Soc. Sec. No.
	Home Address (Street)		(City)	(State)	(Zip)
EQUIPMENT	Bank	Location (city/state)		Contact Title	
	Equipment Description	Equipment Cost: \$ _____	Contact: _____ Phone #: _____ Email: _____		
	Term <input type="checkbox"/> 24 Months <input type="checkbox"/> 36 Months <input type="checkbox"/> 48 Months <input type="checkbox"/> 60 Months				
	Address where equipment will be located	City	State / Zip / County		

I hereby authorize any credit bureau or other investigative agency to investigate the references herein listed as well as any financial statements or any other data obtained from me or from any other person pertaining to my credit and financial responsibility. Applicant hereby certifies that all above information is true and correct and authorizes verification.

**\*Each owner/partner must provide ownership information & sign application**

X \_\_\_\_\_ Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_ Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

**FAX Completed Lease Application to: Fax # 262.268.9952**  
**Bob Masse – Insight | Vision**  
 600 N. DEKORA WOODS BLVD.  
 Email – bob@insightvisioncameras.com