



LEASE APPLICATION

Leasing provided by:
London Leasing
 PHONE FAX
 1-800-691-7833 1-800-756-1213

CUSTOMER INFORMATION (PLEASE PRINT LEGIBLY)

Legal Name of Company					
Billing Address Number	Street	City	State	County	Zip
Telephone Number (area code first)	Owner	First Name	Last Name	Title	
Description of Business		Type of Business (check one)		Years in Bus.	Annual Sales
		CORP <input type="checkbox"/> PARTNER <input type="checkbox"/> PROP <input type="checkbox"/> LLC <input type="checkbox"/>			
Equipment Location -- PHYSICAL ADDRESS			Federal Tax I.D. #		TNP Member
Number	Street				YES <input type="checkbox"/> NO <input type="checkbox"/>

PERSONAL INFORMATION FOR OFFICERS, PARTNERS OR OWNERS

Name	Home Address	City	State	Zip	Telephone #
1					
2					

REQUIRED PAYMENT METHOD-SELECT ONE

CUSTOMER SHOULD CHECK AND SIGN FOR PAYMENT METHOD SELECTED

Direct Payments (ACH Debits)

Recurring Credit Card Payments MasterCard--Visa--AMEX

CUSTOMER STORE ACCOUNT #

S
I
G
N
H
E
R
E

TRADE REFERENCES

Company Name	Account Number	Phone Number	Contact Name
1			
2			

The undersigned hereby consent(s) to LONDON Leasing use of a non-business and/or business consumer credit report on the undersigned as a principal(s), proprietor(s), and/or guarantor(s) in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorize LONDON Leasing to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this credit application. The undersigned as (an) individual(s) hereby knowingly consent(s) to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @ 1681 et seq.

→ Signed: _____ S.S.#: _____

Print Name: _____ Date: _____

TO BE COMPLETED BY CARQUEST STORE

CARQUEST Store Name		Phone Number	Serving Distribution Center	
Address			Contact for Questions	
City	STORE #	State	Zip	Store Salesperson plus CELL OR PAGER NUMBER

EQUIPMENT INFORMATION (ATTACH ADDITIONAL SHEETS IF NECESSARY)

Item Description	MFG	Qty	Part Number	Extended Price

Lease term requested	Total amount to be financed (including tax)	\$ _____
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