

Extreme Athletic Supply

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Lease Application



Brian O'Donnell, ext. 226
 Toll Free (866) 612-9293
 Fax (720) 263-4144
 brian@pinnaclelease.com

COMPANY INFORMATION

Full Legal Company Name

Address				VENDOR INFORMATION	
City	County	State	Zip		
Contact Person		Telephone	Fax	Amount	New or Used
Nature of Business	Federal Tax ID Number	Years in Business	Equipment Description		
<input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Non-Profit <input type="checkbox"/> Partnership <input type="checkbox"/> LLC					
Location of Equipment (if different than above)			Years at this Location	Email Address	

PERSONAL INFORMATION FOR ALL OWNERS, OFFICERS AND GUARANTORS

Name	Title	Social Security Number	% Ownership
Home Address			Home Telephone Number
Name	Title	Social Security Number	% Ownership
Home Address			Home Telephone Number
Name	Title	Social Security Number	% Ownership
Home Address			Home Telephone Number
Name	Title	Social Security Number	% Ownership
Home Address			Home Telephone Number

BANK REFERENCES

Name of Bank	Account Number	Telephone	Contact
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SUPPLIER

Main Supplier	Account Number	Telephone	Contact
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LANDLORD AND INSURANCE

Landlord for Equipment Location	Telephone	Contact
Business Insurance Company	Telephone	Contact

Credit Authorization: I/We hereby authorize Pinnacle Leasing, its designee, assigns or potential assigns to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of updating, renewing, extending additional credit or the collection of any late account. I/We hereby authorize our references to release all credit information and I/We represent and warrant that the information submitted herein is true, complete and accurate. A facsimile, electronic or other copy of this authorization shall be as valid as the original.

Signature(s) of all owners, officers and/or guarantors	Date
X	X
X	X