

Arista Leasing LLC
1790 Broadway, Suite 710
New York, NY 10019
www.aristaleasing.com

CREDIT APPLICATION
Fax this form to 212 247-8445

LESSEE (Complete Legal Name and DBA)

Company _____ Tel _____ Fax _____
Address _____ City _____ State _____ County _____ Zip _____
Years In Business _____ Yrs Current Ownership _____ Nature of Business _____ Type: Corp. Proprietorship (Reg. In state of _____) Partnership
Tax ID# _____ Tax Exempt? _____
Contact Person _____ Title _____ Email _____

EQUIPMENT INFORMATION AND TERMS

Equip. Cost \$ _____ Term (Months.) _____ Deposit To Vendor \$ _____ New () Used ()
Equipment Description _____
Equipment Location _____

PRINCIPAL INFORMATION (ATTACH A SEPARATE SHEET IF NECESSARY)

Name _____ Title _____ Ownership % _____ Soc.Sec. # _____
Address _____ City _____ State _____ Zip _____
Name _____ Title _____ Ownership % _____ Soc.Sec. # _____
Address _____ City _____ State _____ Zip _____
Name _____ Title _____ Ownership % _____ Soc.Sec. # _____
Address _____ City _____ State _____ Zip _____

BANK REFERENCES (List Previous Bank If Less Than 2 Years at Present)

Bank _____ Contact _____ (Acct#) _____ Tel _____
Bank _____ Contact _____ (Acct#) _____ Tel _____

TRADE REFERENCES

Supplier Name _____ Contact _____ Acct# _____ Tel _____
Supplier Name _____ Contact _____ Acct# _____ Tel _____

AUTHORIZATION

I (We) certify that the information provided is correct to the best of my (our) knowledge. I (We) understand that I (We) may be required to supply additional information and I (We) agree and consent that Arista Leasing LLC, its assigns or nominees may obtain a consumer credit report and/or investigative report or and any other information relating to my (our) financial position. Any person or firm is hereby authorized to provide such information requested by Arista Leasing LLC, its assigns or nominees.

Signature

Title