

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