

# HOME STATE LEASING CORPORATION

A Subsidiary of Home State Bank N.A.

40 Grant Street, P.O. Box 1738, Crystal Lake, IL 60039

**FAX APPLICATION & COPY  
OF SALES ORDER TO:**

**(773) 631-9147**

**MARTY MCGOVERN**

**Phone: (773) 631-9146**

## LEASE APPLICATION

### COMPANY INFORMATION

Company (Legal Name) \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signor \_\_\_\_\_ Title \_\_\_\_\_ Telephone \_\_\_\_\_

NAICS Code: \_\_\_\_\_ Email \_\_\_\_\_ Fax \_\_\_\_\_

No. of Years in Business \_\_\_\_\_ Type of Business: Proprietorship Partnership LLC Corporation Non-Profit

Tax ID # \_\_\_\_\_ State of Organization \_\_\_\_\_ Exemption from State Sales/Use Tax? Yes (include copy) No

### PERSONAL INFORMATION Officers/ Partners/ Guarantors

1) Name \_\_\_\_\_ Title \_\_\_\_\_ % Owned \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Residency Status: U.S. Citizen Resident Alien Non-Resident Alien Mobile: \_\_\_\_\_

2) Name \_\_\_\_\_ Title \_\_\_\_\_ % Owned \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Residency Status: U.S. Citizen Resident Alien Non-Resident Alien Mobile: \_\_\_\_\_

### COMPANY BANK REFERENCE – Five Year History

1) Name of Bank/Branch \_\_\_\_\_ How Long \_\_\_\_\_ Telephone No. \_\_\_\_\_

Account No. \_\_\_\_\_ Contact Officer \_\_\_\_\_

### LEASE / LOAN REFERENCES

1) Lender \_\_\_\_\_ Acct. No. \_\_\_\_\_ Loan Amount. \_\_\_\_\_

Telephone # \_\_\_\_\_ Contact \_\_\_\_\_ Amount Paid \_\_\_\_\_

2) Lender \_\_\_\_\_ Acct. No. \_\_\_\_\_ Loan Amount. \_\_\_\_\_

Telephone # \_\_\_\_\_ Contact \_\_\_\_\_ Amount Paid \_\_\_\_\_

### TRADE REFERENCES

Supplier \_\_\_\_\_ Phone \_\_\_\_\_ Contact/Acct # \_\_\_\_\_

Supplier \_\_\_\_\_ Phone \_\_\_\_\_ Contact/Acct # \_\_\_\_\_

Supplier \_\_\_\_\_ Phone \_\_\_\_\_ Contact/Acct # \_\_\_\_\_

### EQUIPMENT / VENDOR INFORMATION

Equipment Description \_\_\_\_\_

Equipment Cost \$ \_\_\_\_\_ Lease Term \_\_\_\_\_ Monthly Payment \_\_\_\_\_ Purchase Option \_\_\_\_\_ New \_\_\_\_\_ Used \_\_\_\_\_

Vendor Name \_\_\_\_\_ Contact/Email \_\_\_\_\_ Telephone \_\_\_\_\_

### DECLARATION

The information contained on this application, together with any accompanying applications, financial statements, schedules or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct and complete. We agree to provide financial statements, tax returns, etc, as Home State Leasing Corporation (HSLC) deems necessary and hereby authorize references contained herein to release any requested information. HSLC is hereby authorized to investigate (directly or through an agent or nominee) our credit and financial responsibility. We understand that such investigation may include seeking information as to the background, credit and financial responsibility of our officers and principals.

Applicant: \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_