

Business Information

Company Name:	Legal Company Name <i>(if different)</i>	D/B/A	
Street Address:	Type of Business	Website Address	
City, State, Zip:	Phone:	Fax:	Email Address
Legal Entity: (circle one) Corp Partnership Proprietorship LLC Other _____	Date Business Started:	# of employees	Federal EIN Number

Ownership Information

Business Owner's Name	Title	% Ownership	Social Security Number
Owner 2 Name	Title	% Ownership	Social Security Number
Owner 3 Name	Title	% Ownership	Social Security Number

Bank Reference/Business Checking

Bank Name	Account Number	Contact
Bank Phone Number	Fax	Loan Acct # <i>(if applicable)</i>

Equipment (if known)

Equipment Type	Equipment Cost	Circle One: New or Used
Store Name Clinton Township, MI	Store Telephone Number (586) 792-7446	Store Fax (586) 792-7443

I hereby certify that the information contained in this file is true and accurate to the best of my knowledge, and I hereby authorize our banks, credit reporting agencies, and other institutions the right to release credit information to Priority Leasing or their designee. A facsimile of this document with signature shall be considered an original.

Members Signature: _____ Date: _____

