



Pallet Chief MFG
Toll-Free: 800-339-2925
Local & Int'l: 256-245-0417
Fax: 256-249-4975

FINANCING & LEASING APPLICATION:

Please complete the information below and fax or mail back for approval. Items with (*) are required, other items are optional.

Business Information:

Company Name*: _____

Address*: _____

City*: _____ State/Province*: _____ Zip/Postal Code*: _____

Phone #: _____ Fax #: _____

Date Established (mm/dd/yy): _____ Business Type: _____

(Corporation, LLC, LLP, Partnership, Proprietorship,
Division, S-Corporation, Subsidiary, Non-Profit)

Ownership Information:

SSN/SIN*: _____

Name* (First, MI, Last): _____

Address*: _____

City*: _____ State/Province*: _____ Zip/Postal Code*: _____

Home Phone #: _____ Cell Phone #: _____

Title: _____ Ownership %*: _____

Years at Residence: _____ Credit ReLease Obtained (Yes/No)*: _____

Date of Birth* (mm/dd/yy): _____

Additional Ownership Information (optional):

SSN/SIN*: _____

Name* (First, MI, Last): _____

Address*: _____

City*: _____ State/Province*: _____ Zip/Postal Code*: _____

Home Phone #: _____ Cell Phone #: _____

Title: _____ Ownership %*: _____

Years at Residence: _____ Credit ReLease Obtained (Yes/No)*: _____

Date of Birth* (mm/dd/yy): _____

We will obtain a consumer credit report about each person identified as a guarantor in this Lease application. By clicking "Yes" in the "Credit ReLease Obtained" box above, the user providing us with guarantor information represents that (a) each guarantor has authorized the user to supply us with such information in this application and (b) each guarantor understands that we will obtain a consumer credit report about the guarantor in connection with this application.



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Bank Information:

Bank Name: _____
Account #: _____ Account Type (checking/savings/loan): _____
Contact Name: _____
Contact Phone #: _____ Contact Fax #: _____

Additional Bank Information (optional):

Bank Name: _____
Account #: _____ Account Type (checking/savings/loan): _____
Contact Name: _____
Contact Phone #: _____ Contact Fax #: _____

Equipment Information:

Equipment Description: _____

Estimated Invoice Amount: _____

Comments: _____

X _____
Signature

Title

____/____/____
Date

X _____
Signature

Title

____/____/____
Date

Please fax or mail completed form to:
Pallet Chief Mfg.
125 Fayetteville Circle,
Sylacauga, AL 35151
Fax: 256-249-4975