



# Artromick Capital Lease Application

Administered by HRAL, LLC dba Allstate Leasing  
9428 Reisterstown Road ■ Owings Mills, Maryland 21117  
888-615-9487 FAX - 410-510-1451

Date of Application: \_\_\_\_\_

## LESSEE INFORMATION

Company \_\_\_\_\_ dba \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

Nature of Business \_\_\_\_\_ Date Established \_\_\_\_\_ Fed ID \_\_\_\_\_

Location  Own  Rent Sq. Ft.: \_\_\_\_\_ Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

Structure of Business:  C Corp  S Corp  LLC  Partnership  Proprietorship  Non-Profit

State of Corporation (if applicable) \_\_\_\_\_ Corporate ID # \_\_\_\_\_

## DESCRIPTION OF EQUIPMENT

Description: \_\_\_\_\_

Vendor: \_\_\_\_\_ Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Price of Equipment (Excluding Tax): \_\_\_\_\_

## PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTORS

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

## BANK REFERENCES

Name of Bank: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Loan Account #: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Checking Account: \_\_\_\_\_ Loan Account \_\_\_\_\_

Current Lease Obligation:  Yes  No Name of Co./Bank: \_\_\_\_\_ Account #: \_\_\_\_\_

## INSURANCE

Agent's Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

## TRADE REFERENCES

Name of Supplier: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Supplier: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Supplier: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The undersigned certifies that the above information given for credit purposes is true and correct and authorizes Artromick Capital or person to whom this application is made and any credit bureau or other investigative agency to investigate the references, statements, or other data listed or accompanying this application. The undersigned authorizes all parties to release credit and financial information requested as part of said investigation.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_