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Client Profile

COMPLETE LEGAL BUSINESS NAME _____ DATE _____ SOLE PROPRIETOR
 PARTNERSHIP
 CORPORATION
 LLC

BUSINESS ADDRESS - INCLUDING COUNTY _____

MAIN CONTACT _____ PHONE NUMBER _____ FAX NUMBER _____

** (EQUIPMENT LOCATION) _____ FEDERAL TAX ID # _____ TYPE OF BUSINESS _____ YEARS IN BUSINESS _____

PRINCIPAL/OFFICER/PARTNER	SOCIAL SECURITY #	TITLE/%OWNED	HOME ADDRESS & TELEPHONE NUMBER

BANK/MONEY MARKET ACCOUNTS	ACCOUNT #	TELEPHONE	OFFICER TO CONTACT
BUSINESS			
BUSINESS			
BUSINESS/PERSONAL			

TRADE REFERENCES	ACCOUNT #/ TELEPHONE/ CONTACT

EQUIPMENT (PLEASE ATTACH DETAILED LIST OF EQUIPMENT)

SUPPLIER	ADDRESS	PHONE/FAX	CONTACT

TYPE OF EQUIPMENT	NEW/USED	COST OF EQUIPMENT

LEASE TERM	LEASE PAYMENT

END OF TERM OPTION \$1.00 10% FMV OTHER _____

By signing below, as either the principal of the credit applicant or a personal guarantor of its obligations, I authorize you to obtain such information as you may require concerning the statements made in this application, and agree that the application shall remain our property, whether or not credit is granted. I also agree that all information regarding the account, including personal credit may be reviewed by a credit bureau and or our assigns. Such authorization shall be used to obtain a credit profile for this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. I affirm that I have carefully read each of the answers given to the forgoing questions and agree that they are correct.

X _____ **X** _____ DATE _____