

**LUTZ LEASING**  
**P.O. BOX 1952**  
**SHELBY, NC 28151**

**LEASE APPLICATION**  
**PHONE 704 484-2455**  
**FAX 704 487-7928**

**LESSEE**

COMPANY NAME \_\_\_\_\_ PHONE# \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
CONTACT \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_  
E-MAIL \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_  
CORPORATION\_\_ PARTNERSHIP\_\_ PROPRIETORSHIP\_\_ NOT-PROFIT\_\_  
BANK REFERENCE \_\_\_\_\_ CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_  
TRADE REFERENCE \_\_\_\_\_ CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

**PERSONAL INFORMATION**

OWNER/OFFICER \_\_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
HOME ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_

**VENDOR**

COMPANY \_\_\_\_\_ CONTACT \_\_\_\_\_ PHONE# \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
EQUIPMENT \_\_\_\_\_ COST OF EQUIPMENT \$ \_\_\_\_\_  
ADVANCE PAYMENT \$ \_\_\_\_\_ MONTHLY LEASE PAYMENT \$ \_\_\_\_\_ SALES TAX \$ \_\_\_\_\_  
TYPE OF LEASE FAIR MARKET VALUE\_\_ 10% BUYOUT\_\_ \$1.00 BUYOUT \_\_  
LENGTH OF LEASE – MONTHS                    12    24    36    48    60

I/WE HEREBY AUTHORIZE YOU TO WHOM THIS APPLICATION IS MADE OR YOUR AGENTS TO INVESTIGATE MY/OUR FINANCIAL RESPONSIBILTY AND CREDIT WORTHINESS WILL PROVIDE FINANCIAL STATEMENTS, TAX RETURNS, ETC. AS YOU DEEM NECESSARY.

**SIGNED** \_\_\_\_\_ **DATED** \_\_\_\_\_