## LEASE APPLICATION



P.O. Box 644 • Columbia Falls, MT 59912 406-892-5068 • Fax 406-892-5072 • 1-800-246-7997 Company: Exact Legal Name: \_\_\_\_\_ Phone ( Address: \_\_\_\_\_\_Fax ( City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_ Cellular ( County: \_\_\_\_\_ Fed ID # \_\_\_\_\_ Time In Business \_\_\_\_ Type of Business: \_\_\_\_\_ Corporation Proprietorship Partnership Other Ownership: Home Phone: ( Home Address: ) \_\_\_\_\_\_State: \_\_\_\_\_ Zip: \_\_\_\_\_ Title: \_\_\_\_\_ % of Ownership: \_\_\_\_ Legal Name: \_\_\_\_\_\_ Social Security #: \_\_\_\_\_ Home Address: \_\_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ \_\_\_\_\_State: \_\_\_\_ Zip: \_\_\_\_ Title: % of Ownership: City: Bank References: Primary Business Bank: \_\_\_\_\_ Phone #: ( ) Checking Account #: \_\_\_\_\_ Officer/Contact: \_\_\_\_\_ Time at Bank: \_\_\_\_\_ Trade References: Firm Name: \_\_\_\_\_ Account #: Phone #: ( ) Firm Name: \_\_\_\_\_ Account #: Phone #: ( Firm Name: \_\_\_\_\_ Account #: \_\_\_\_ Phone #: ( Firm Name: \_\_\_\_\_ Account #: \_\_\_\_ Phone #: ( **Equipment:** \_\_\_\_\_ Contact: Phone #: ( Vendor: Total Price: \$ By signing below, each undersigned individual(s), who is either a principal of the credit applicant listed below or a personal guarantor of its obligations, provides written instruction to Granite Leasing Company or its designee (and any assignee or potential assignee thereof) authorizing review of his or

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law is the Federal Trade Commission Equal Credit Opportunity, Washington, D.C. 20580.

her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application of the credit application and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account.

A photostatic or facsimile copy of this authorization shall be valid as the original.

Signature

If your application for business credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact Lessor set forth above within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.