

**Application From:**



Clune & Company LC  
 PO Box 350  
 5950 Roe Ave  
 Mission, KS 66201-0350  
 913-498-3000 800-862-6633 clune.net  
 Fax 913-498-3001 or 888-862-6601

**Leasing Customer: Exact legal name**

**Supplier**

Contact \_\_\_\_\_

Equipment \_\_\_\_\_

Term	Payment	Initial Payment	Down	Type
Nature of business		Corporation <input type="checkbox"/> State of Incorporation _____ LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> FED ID ____ - ____ - ____		Phone Fax Cellular Pager Home email
Purpose of equipment acquisition				

How long has business been in existence (Mo/Yr)? \_\_\_\_\_ How long under present ownership (Mo/Yr) ? \_\_\_\_\_

**Bank & Trade References**

<u>Name:</u>	<u>Acct # (if applicable)</u>	<u>Phone #</u>	<u>Officer/Contact</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Owner Name \_\_\_\_\_ Second Owner \_\_\_\_\_  
 Res. Address \_\_\_\_\_ Res. Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Soc. Sec. # \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_