

**Bane-Clene® Corp.**  
**3940 N. Keystone Ave.**  
**Indianapolis, IN 46205**

**800-428-9512**  
**FAX: 317-543-2222**

**LEASE APPLICATION**

**Bane-Clene Representative:** \_\_\_\_\_

**VENDOR INFORMATION**

VENDOR NAME \_\_\_\_\_

VENDOR ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

**LESSEE COMPANY INFORMATION**

COMPANY NAME \_\_\_\_\_ D&B # \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SIGNER \_\_\_\_\_ TITLE \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_ NO OF EMPLOYEES \_\_\_\_\_ NO OF YEARS IN BUSINESS \_\_\_\_\_

TYPE OF BUSINESS  NONPROFIT  PARTNERSHIP  PROPRIETORSHIP  CORPORATION  LLC

**PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS**

NAME _____	TITLE _____	SOCIAL SECURITY NUMBER _____	OWNERSHIP PERCENTAGE _____
HOME ADDRESS _____	CITY _____	STATE _____	ZIP _____ HOW LONG? _____ HOME PHONE NUMBER _____
<input checked="" type="checkbox"/> SIGNATURE _____			
NAME _____	TITLE _____	SOCIAL SECURITY NUMBER _____	OWNERSHIP PERCENTAGE _____
HOME ADDRESS _____	CITY _____	STATE _____	ZIP _____ HOW LONG? _____ HOME PHONE NUMBER _____
<input checked="" type="checkbox"/> SIGNATURE _____			
NAME _____	TITLE _____	SOCIAL SECURITY NUMBER _____	OWNERSHIP PERCENTAGE _____
HOME ADDRESS _____	CITY _____	STATE _____	ZIP _____ HOW LONG? _____ HOME PHONE NUMBER _____
<input checked="" type="checkbox"/> SIGNATURE _____			

**COMPANY BANK REFERENCES TWO YEAR HISTORY**

NAME OF BANK/BRANCH _____	HOW LONG? _____	CHKG. ACCT.# _____	SAVINGS ACCT.# _____	TELEPHONE NO. _____	CONTACT OFFICER _____
NAME OF BANK/BRANCH _____	HOW LONG? _____	CHKG. ACCT.# _____	SAVINGS ACCT.# _____	TELEPHONE NO. _____	CONTACT OFFICER _____
NAME OF BANK/BRANCH _____	HOW LONG? _____	CHKG. ACCT.# _____	SAVINGS ACCT.# _____	TELEPHONE NO. _____	CONTACT OFFICER _____

**TRADE & LEASE REFERENCES TWO YEAR HISTORY**

NAME OF SUPPLIER _____	CITY/STATE _____	TELEPHONE NO _____	CONTACT PERSON _____
NAME OF SUPPLIER _____	CITY/STATE _____	TELEPHONE NO. _____	CONTACT PERSON _____

**COMPANY LANDLORD OR MORTGAGE REFERENCE**

NAME _____	CITY/STATE _____	TELEPHONE NO. _____	CONTACT OFFICER _____
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I am/we are a principal, officer or guarantor and have made application to Bane-Clene to lease or finance business equipment. By my/our signature(s) above or below I/we authorize Bane-Clene and its assigns or designees to investigate all credit information, including but not limited to consumer credit reports, bank and trade references and accountant information. Such authorization shall extend to obtaining a credit profile in considering this document and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. Further, I/we authorize the transmission of this information via the Internet to "secured" sites only. Regulation B provides you the right to obtain a written statement of the specific reasons for adverse credit decisions. To obtain such statement, please contact us in writing within sixty (60) days from the date you were notified of our decision. We will provide our written response within thirty (30) days thereafter.

**QUOTE**

INITIAL TERM \_\_\_\_\_

EQUIPMENT COST \_\_\_\_\_

X RATE FACTOR \_\_\_\_\_

**BASE PERIODIC LEASE PAYMENT** \_\_\_\_\_

# OF PMTS. REQUIRED AS A SECURITY DEPOSIT \_\_\_\_\_

**SECURITY DEPOSIT** \_\_\_\_\_  
*(check for this amount to accompany lease)*

EQUIPMENT DESCRIPTION: \_\_\_\_\_

BUSINESS PURPOSE OF EQUIPMENT: \_\_\_\_\_

SIGNATURE X	DATE
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