

***Tommel Financial Services, Inc.***

4 S. 100 Rt. 59 Suite one  
Naperville, IL 60563  
1-800-544-1786  
1-630-416-3499 (fax)

**Lease Application**

Vendor Name _____
Address _____
City _____
State _____ Zip _____
Contact _____
Phone _____

Lessee Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Equipment description \_\_\_\_\_

Cost \_\_\_\_\_ Term \_\_\_\_\_ Buyout \_\_\_\_\_

Location \_\_\_\_\_

Time in business \_\_\_\_\_ Industry \_\_\_\_\_

Business Structure \_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

**Guarantors/Owners**

Name	Address	SS#	Title

**Bank Information**

Bank	Phone#	Account#	Contact

**Major Trade Accounts**

Name	Phone#	Contact

**Landlord/Mortgage Holder**

Name	Phone#	Contact

I hereby certify that the information contained in this application is true and accurate to the best of my knowledge. For the purpose of securing lease financing, I authorize all bank and trade reference information to be released by telephone or fax to: Tommel Financial Services, Inc.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_