

## LEASE APPLICATION

Please forward completed and signed application along with a copy of your quote to  
855-381-1655

Questions or need assistance? Call 847-939-9187

Please note that all fields must be completed to render a credit decision!



### Business Information

Full Legal Name of Business:

DBA Name (if applicable):

Website:

Business Address:

Contact:

E-mail:

Phone:

Fax:

Federal Tax ID Number:

Business Type (check one):  Proprietorship  Corporation  Limited Partnership  LLC  
 General Partnership  Not for Profit  Municipal Government  Other

Nature of Business:

Years Under Current Ownership:

Total Years in Business:

### Supplier and Equipment Information (please attach quote to application)

Supplier Name:

Quote #:

(Please attach to application)

Equipment Location:

### Bank and Personal Information: (Personal Information required for proprietorships, partnerships or in business < 2)

Name of Bank/Branch:

Bank Address:

Phone:

Contact Officer:

Type of Account:

Account #:

Principal/Guarantor Full Legal Name:

Principal/Guarantor Relationship:

Residence Address:

Residence Phone Number:

### Acknowledgement and Authorization: Must be signed by each individual listed above.

The applicant(s) certify that all information contained in this application, and all attachments hereto, are true and complete to the best of the applicant(s) knowledge, and are made for the purpose of obtaining credit for business purposes, and not for personal or family use. The applicant(s) hereby authorizes Wintrust Capital, a division of Schaumburg Bank & Trust Company, N.A. and any assignee, lender or funding service that may be utilized to obtain and use a credit report on the undersigned, now, from time to time, and at any time in the future, as may be needed in the credit evaluation and review process and waives any right or claim the applicant(s) would otherwise have under the Fair Credit Reporting Act in absence of this continuing consent. The applicant(s) further authorizes any bank, financial institution or trade reference to release credit information on the applicant(s) account(s) to Wintrust Capital and/or its assigns. The applicant(s) hereby authorizes Wintrust Capital to request and obtain individual or business tax transcript(s) from the IRS via IRS Form 4506-T and confirms that all declarations made within the 4506-T "Signature of taxpayer(s)" section are true and accurate. An electronic, photocopy or facsimile copy of this authorization with a copied, electronic or facsimile signature shall be deemed to be binding, valid, genuine and authentic as an original signature document for all purposes.

Signature X \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature X \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

For security purposes and to help the government fight terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each individual or commercial entity that enters into a customer relationship with the financial institution. For this reason, we may request the following identifying information: name, address, date of birth. We may also ask other questions or request other documents meant to verify your individual or commercial identity.