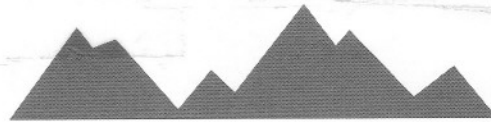




**LEASE**

**APPLICATION**



**Granite Leasing Co.**

P.O. Box 644 • Columbia Falls, MT • 59912

Phone: 800-246-7997 • Fax: 406-892-5072

Zacklift Model \_\_\_\_\_

Dollar Amount Requested \_\_\_\_\_

**Exact Legal**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_

Time in Business \_\_\_\_\_ Type of Business \_\_\_\_\_  Corporate

Fed. ID# \_\_\_\_\_  Partnership

Proprietorship

**Owner /President**

Name/Title \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Name/Title \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

**Credit References**

Primary Business Bank \_\_\_\_\_ Officer \_\_\_\_\_

Account #:Checking \_\_\_\_\_ Savings \_\_\_\_\_ Phone # \_\_\_\_\_

Secondary Business Bank \_\_\_\_\_ Officer \_\_\_\_\_

Account #:Checking \_\_\_\_\_ Savings \_\_\_\_\_ Phone # \_\_\_\_\_

**Trade References**

Firm Name \_\_\_\_\_ Acct # \_\_\_\_\_ Phone # \_\_\_\_\_

Firm Name \_\_\_\_\_ Acct # \_\_\_\_\_ Phone # \_\_\_\_\_

Firm Name \_\_\_\_\_ Acct # \_\_\_\_\_ Phone # \_\_\_\_\_

Firm Name \_\_\_\_\_ Acct # \_\_\_\_\_ Phone # \_\_\_\_\_

I (we) affirm that the foregoing information is true and correct and given the purpose of obtaining credit and understand that if credit is extended, Granite Leasing Co. and/or its assigners will rely on such information to secure the indebtedness. References are authorized to provide all relevant credit information to you. You are authorized to investigate my credit history with any of the banks or references listed above.

**PLEASE READ AND SIGN**

Signed \_\_\_\_\_

Date \_\_\_\_\_