



ZOMER COMMERCIAL CREDIT, INC.

1400 W 12TH STREET – SIOUX FALLS, SD 57104

TEL: (605) 275-5576 – FAX: (605) 275-5578

EQUIPMENT LEASE APPLICATION

PERSONAL INFORMATION

PURCHASER'S NAME: _____ **Social Security #:** _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: () _____ Fax #: () _____ Years at This Address: _____

Previous Address: _____ Years At This Address: _____ Birth Date: _____

Accounting Firm: _____ Address: _____ Phone #: () _____

EQUIPMENT PURCHASE INFORMATION

New Equipment Purchase: _____ Replacement _____ Expansion _____ Lease Term in Months: (Circle One) 12 24 36 48 60

Equipment Description: _____ Owner to Operate Vehicle: **Yes / No**

Vendor: _____ Cost: _____ Phone #: () _____ Contact: _____

EMPLOYMENT HISTORY

Company Name: _____ Tax ID/Social Security #: _____

Address: _____ City: _____ State: _____ Zip: _____ How Long: _____

Business Phone #: () _____ Mobile Phone #: () _____ Contact: _____ Annual Income: _____

Is The Company: _____ Corporation _____ S Corp _____ Partnership _____ Sole-Proprietorship _____ How Long Have You Owned Trucks: _____

Current Fleet:
 Company Tractors _____ Owner Operator Tractors _____ Company Trailers _____ Owner Operator Trailers _____ Type of Trailers: _____

HAULING REFERENCES

Company Hauling For: _____ How Long: _____ Contact: _____ Phone #: () _____

Company Hauling For: _____ How Long: _____ Contact: _____ Phone #: () _____

BANK REFERENCE

Bank: _____ Phone #: () _____ Current Balance: _____ Checking Account #: _____

EQUIPMENT REFERENCES

Company: _____ Equipment: _____ Phone #: _____ Account #: _____

Original Balance: _____ Current Balance: _____ Payment: _____

Company: _____ Equipment: _____ Phone #: _____ Account #: _____

Original Balance: _____ Current Balance: _____ Payment: _____

INSURANCE

Insurance Company: _____ Agent: _____ Phone #: () _____

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Zomer Commercial Credit, Inc. or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. Furthermore, this authorization provides authority to obtain other credit information, both corporate and personal, in regards to the following; tax returns, banking and savings commercial/mortgage loan rating including opening date, high credit, term, payments, payment record and rating; equipment leasing or financing. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

Signature of Applicant

Title

Date

PURCHASER'S FINANCIAL STATEMENT

Name: _____

Date: _____

ASSETS (What is Owned)					Value (\$)
Cash on Hand & in Banks					
Cash on hand				Total \$: »	
Bank			Acct #	Balance (\$)	
Phone #		Personal Checking			
Contact		Business Checking			Checking & Savings Total
City, State		Savings			
Bank			Acct #	Balance (\$)	
Phone #		Personal Checking			
Contact		Business Checking			Checking & Savings Total
City, State		Savings			
Accounts Receivable: (list who from)					
Stocks & Bonds & IRA's:					
Real Estate: (location/property type/improvements)					
Equipment: (make/model/year)					
Total Assets					

LIABILITIES (What is Owed)					Amount (\$)
Accounts Payable: (include credit card debt)					
Company	City, State	Acct #	Phone #	Payment \$ »	
Real Estate Financed by:					
Name	City, State	Acct #	Phone #	Payment \$ »	
Equipment Financed by:					
Name	City, State	Acct #	Phone #	Payment \$ »	
Total Liabilities					

Total Assets – Total Liabilities = Net Worth