



**RRML, LLC**

## EQUIPMENT LEASING CREDIT APPLICATION

LESSEE (COMPLETE LEGAL NAME AND DBA)					
COMPANY NAME:		PHONE #		FAX #	
ADDRESS:		CITY:	STATE:	COUNTY:	ZIP:
YEARS IN BUSINESS:	YEARS CURRENT OWNERSHIP:	NATURE OF BUSINESS:	TYPE OF BUSINESS: <input type="checkbox"/> CORP. _____ (REG. IN STATE OF _____) <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP		
TAX ID #		TAX EXEMPT: <input type="checkbox"/> YES <input type="checkbox"/> NO			
CONTACT PERSON:		TITLE:		EMAIL:	
EQUIPMENT INFORMATION AND TERMS					
EQUIPMENT COST: \$		TERM (MONTHS)	DEPOSIT TO VENDOR: \$	<input type="checkbox"/> NEW <input type="checkbox"/> USED	
EQUIPMENT DESCRIPTION:					
EQUIPMENT LOCATION:					
PRINCIPAL INFORMATION (ATTACH A SEPARATE SHEET IF NECESSARY)					
NAME:		TITLE:	OWNERSHIP %:	DATE OF BIRTH	SOCIAL SECURITY #
ADDRESS:			CITY:	STATE:	ZIP:
NAME:		TITLE:	OWNERSHIP %:	DATE OF BIRTH	SOCIAL SECURITY #
ADDRESS:			CITY:	STATE:	ZIP:
NAME:		TITLE:	OWNERSHIP %:	DATE OF BIRTH	SOCIAL SECURITY #
ADDRESS:			CITY:	STATE:	ZIP:
BANK REFERENCES (LIST PREVIOUS BANK IF LESS THAN 2 YEARS AT PRESENT)					
BANK:	CONTACT:		ACCOUNT #	PHONE #	
BANK:	CONTACT:		ACCOUNT #	PHONE #	
TRADE REFERENCES					
SUPPLIER NAME:	CONTACT:		ACCOUNT #	PHONE #	
SUPPLIER NAME:	CONTACT:		ACCOUNT #	PHONE #	
AUTHORIZATION					

I (WE) CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY (OUR) KNOWLEDGE. I (WE) UNDERSTAND THAT I (WE) MAY BE REQUIRED TO SUPPLY ADDITIONAL INFORMATION AND I (WE) AGREE AND CONSENT THAT RRML, LLC, ITS ASSIGNS OR NOMINEES MAY OBTAIN A CONSUMER CREDIT REPORT AND/OR INVESTIGATIVE REPORT AND ANY OTHER INFORMATION RELATING TO MY (OUR) FINANCIAL POSITION.

ALL PRINCIPALS MUST SIGN BELOW:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE