



4810 Independence Dr, Helena, MT 59602

Tel: +1 406 461 2932 / Fax: 1 877 845 9559 / thomas.daniel@dantova.com / www.dantova.com

LESSEE NAME (Legal name of entity. If a corporation, use EXACT registered corp. name)				
Company Name		DBA		Federal Tax ID #
Address		City		County
State	Zip			
Industry		Contact		Title
Telephone #		Fax Number		Dun & Bradstreet No.
<u>Type of Business</u> <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit Corporation				No. of Yrs. In Business Under Current Mngt.
PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS				
Name		Title	% Ownership	Social Security No.
Home Address		City	State	Home Phone Number
Zip				
Name		Title	% Ownership	Social Security No.
Home Address		City	State	Home Phone Number
Zip				
TRADE REFERENCE – TWO YEAR HISTORY				
Name of Supplier		City/State	Telephone Number	Contact Person
Name of Supplier		City/State	Telephone Number	Contact Person
COMPANY BANK REFERENCES – TWO YEAR HISTORY				
Name of Bank/Branch		City/State	Checking Acct#	Telephone Number
Loan #		Contact		
EQUIPMENT TO BE LEASED (attach separate list if needed)				
Description (include make, model & serial numbers)				Equipment Cost: \$ _____ NEW <input type="checkbox"/> USED <input type="checkbox"/>
PAYMENT PLAN				
Term in months	Lease Rate Factor	Lease Payment	<input type="checkbox"/> FMV <input type="checkbox"/> \$1.00 <input type="checkbox"/> 10% <input type="checkbox"/> Upgrade	Advance Payment / Security Deposit \$ _____
VENDOR/DEALER INFORMATION				
Vendor's Name		Contact/Sales Rep.		Telephone #
Address		City		Fax #
State		Zip		
ACKNOWLEDGEMENT AND AUTHORIZATION				

The undersigned represents that all information provided with this Application is true and correct and hereby authorizes Dantova Financial Services (Dantova) and/or its designee, assigns or potential assigns, to obtain from third parties information Lessor deems necessary to arrive at a decision regarding this application. Also, by signing below and providing their social security number, the undersigned individual as principal of and/or guarantor for the applicant, authorizes Dantova, its designee, assigns or potential assigns, to review applicants personal credit profile provided by national credit bureaus in considering this Application and for the purpose of the update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. A fax or photocopy of this authorization shall be valid as the original.

X _____
Applicant Signature

X _____
Applicant Signature