

Momentum Fitness Solutions

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LEASE APPLICATION

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COMPANY INFORMATION				
Full Legal Company Name				
Address				VENDOR INFORMATION
City	County	State	Zip	
Contact Person	Telephone	Fax		<u>Amount</u>
Nature of Business	Federal Tax ID Number	Years in Business		<u>New or Used</u>
<u>Equipment Description</u>				
<input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Non-Profit <input type="checkbox"/> Partnership <input type="checkbox"/> LLC				
Location of Equipment (if different than above)			Years at this Location	Email Address
PERSONAL INFORMATION FOR ALL OWNERS, OFFICERS AND GUARANTORS				
Name	Title	Social Security Number	% Ownership	
Home Address				Home Telephone Number
Name	Title	Social Security Number	% Ownership	
Home Address				Home Telephone Number
Name	Title	Social Security Number	% Ownership	
Home Address				Home Telephone Number
Name	Title	Social Security Number	% Ownership	
Home Address				Home Telephone Number
BANK REFERENCES				
Name of Bank	Account Number	Telephone	Contact	
SUPPLIER				
Main Supplier	Account Number	Telephone	Contact	
LANDLORD AND INSURANCE				
Landlord for Equipment Location	Telephone	Contact		
Business Insurance Company	Telephone	Contact		
Credit Authorization: I/We hereby authorize Pinnacle Leasing, its designee, assigns or potential assigns to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of updating, renewing, extending additional credit or the collection of any late account. I/We hereby authorize our references to release all credit information and I/We represent and warrant that the information submitted herein is true, complete and accurate. A facsimile, electronic or other copy of this authorization shall be as valid as the original.				
Signature(s) of all owners, officers and/or guarantors				Date
X				X
X				X