

LEASE / RENTAL - APPLICATION

We Sell, Rent and Lease All Kinds Food Service Equipment.

ABest Restaurant Equipment LLC

36 Maplewood Ave, Portsmouth, NH 03801

>> Nationwide Sales and Installations

www.LeaseIceMachine.com

Manufactures custom programs.

Sales/Support: (888) 280-3117

Complete & Fax Back to (888) 282-4322

RENTER / LESSEE	Legal Business Name		DBA Name (if applicable)		
	Business Street Address/City/State/Zip Code			Business Real Estate Rent <input type="checkbox"/> Own <input type="checkbox"/>	
	Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other <input type="checkbox"/> _____		State of Incorporation	Federal Tax ID #	
	Type of Business (Industry)		Years In Business (Current Ownership)		
	Primary Contact	Phone No.	Fax No.	Email Address	
TERMS	Rent Lease Options (check box) <input type="checkbox"/> 24 Months <input type="checkbox"/> 36 Months* <input type="checkbox"/> 48 Months <input type="checkbox"/> 60 Months <input type="checkbox"/>				

PRINCIPALS (Owners, partners, and principal officers)	Principals Full Name		Title	% Ownership	Social Security No.
	Home Address/City/State/Zip Code			Rent <input type="checkbox"/> Own <input type="checkbox"/>	Birth Date (Mo/Day/Yr)
	E-mail Address		Home Phone No.	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Cell Phone No.
	Principal #2 Name		Title	% Ownership	Social Security No.
	Home Address/City/State/Zip Code			Rent <input type="checkbox"/> Own <input type="checkbox"/>	Birth Date (Mo/Day/Yr)
	E-mail Address		Home Phone No.	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Cell Phone No.

EQUIPMENT		
REFERENCES (If available)	Business Bank	Account No.
	Average Bank Balance	How Long?

Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes you, to whom this application is made, or your agents or designee, to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim, which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

All approvals are subject to the verification of time in business and a complete description of the equipment. Each signer will submit a copy of his or her driver's license.

X	_____	_____	_____
Signature		Signer's Printed Name	Date
X	_____	_____	_____
Signature		Signer's Printed Name	Date

If this is a new business location, however you have another business that is over two years old, please include an address of a older location if available for our (over 2yrs rates) under same ownership, this shows more business history and qualifies the new location for - Our over 2 yrs program rates.