



PLEASE FAX COMPLETED APPLICATION TO (800) 829-9008

Lease Application

American Packaging Capital, Inc.

Customer Information

Legal Company Name	Contact Person	Phone
Address	City, State, Zip	Fax
Location of Equipment (if different from above)	City, State Zip	Number of Employees
Federal Tax ID#	Dun & Bradstreet #	Year Company Started
Choose one: Corporation _____	Proprietorship _____	Partnership _____

Lease Information

Supplier	Representative	Representative Phone
Equipment to Lease	Equipment Cost	Sales Tax Rate for Equipment Location
Lease Term in months	Purchase Option (check one) ___ FMV ___ 10% ___ \$1.00	Monthly Payment \$

Reference Data

List present bank(s) – previous bank is required if applicant has been at present bank less than two years

Present Bank		Previous or Second Bank	
Branch	Phone	Branch	Phone
Bank Officer or Contact	Account Number	Bank Officer or Contact	Account Number

Trade References

Name and Address	Phone	Contact Name
1		
2		
3.		

Personal Data

Required if in business less than two years

Name	Title	Percent of Ownership %
Home Address	City, State Zip	Social Security Number
Next Name	Title	Percent of Ownership %
Home Address	City, State Zip	Social Security Number

I hereby authorize our banks, trade reference and financial institutions to release credit information by telephone or facsimile transmission.

X _____