



www.mckenzieleasing.com

PO Box 71186
 Eugene OR 97401
 541-485-6043
 800-888-1392
 Fax: 541-485-5816

Lease Application

PERSONAL INFORMATION

Legal Company Name		Telephone		Fax	
Mailing Address (City)		(State)		(Zip Code)	
Type of Business			Years in Business		Under Current Management
Equipment Location (Street) (City)		(State) (Zip Code)		County	
<input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp <input type="checkbox"/> Partnership				Federal Tax ID Number	
Principal's Name		Title	% of Ownership		S.S.N.
Home Phone	Cell Phone		CDL No.		D.O.B.
Home Address (Street) (City)		(State) (Zip Code)		How long?	<input type="checkbox"/> Rent <input type="checkbox"/> Own (Circle one)
Previous Address (City)		(State)		(Zip Code)	
Principal's Name		Title	% of Ownership		S.S.N.
Home Phone	Cell Phone		CDL No.		D.O.B.
Home Address (Street) (City)		(State) (Zip Code)		How long?	<input type="checkbox"/> Rent <input type="checkbox"/> Own (Circle one)
Previous Address (City)		(State)		(Zip Code)	

<i>Nearest Relative or Friend Not at Above Address</i>					
Name	Home Address (Street)	City	State	Zip	Phone

EMPLOYMENT / HAUL REFERENCES

<i>Present and past employment (Current or Last Employer first). If Self-Employed, list three major hauls.</i>					
Future Employment/Haul	Contact:	Phone		Position	How long
Current Employment/Haul	Contact	Phone		Position	How long
Previous Employment/Haul	Contact	Phone		Position	How long
Describe Nature of Business (Materials to be hauled - Between what Points - Construction, Over the Road, ICC Permits)					
Monthly Income		How long as an Owner Operator?		How long as a CDL Driver?	
Vendor / Insurance					
Vendor Name		Contact		Telephone Number	
Equipment Description	Year	Make		Model	
Price Without Tax	Lease Term	# of Advance Rentals	Documentation Fee	Prepayment Amount	Monthly Payment
Insurance Company: Agency Name					
Address		Telephone Number	Agent		

Initials

PURCHASER'S FINANCIAL AND CURRENT CREDIT STATEMENT

Banks	Branch/City	Type (Checking/Savings)	Account No.	Phone

Real Estate (Describe)	Value	Financed By	City/State	Phone	Account No	Payment	Balance Owing

Trucks / Trailers Owned	Value	Financed By	City/State	Phone	Account No.	Payment	Balance Owing

Other Assets (Describe)	Value	Financed By	City/State	Phone	Account No.	Payment	Balance Owing

Total Assets \$

Total Liabilities \$

TRADE REFERENCES (FUEL, REPAIRS, TIRES ETC.)

Company	Contact	Account No.	Product Supplied	Phone	Date Opened	High Balance
Company	Contact	Account No.	Product Supplied	Phone	Date Opened	High Balance
Company	Contact	Account No.	Product Supplied	Phone	Date Opened	High Balance
Company	Contact	Account No.	Product Supplied	Phone	Date Opened	High Balance

Bankruptcy Within 10 years? No Yes Year _____ Any Items Repossessed? No Yes, explain _____

We may also need a copy of the last 2 years tax returns and 3 months bank statements

By signing below, the undersigned individual as principal and/or guarantor for the applicant, authorizes McKenzie Leasing and Finance, Inc., assigns or potential assigns, hereafter referred to as Lessor, to review his/her personal credit profile provided by any credit reporting agency and review of financial statements, bank accounts, tax returns and trade information now and from time to time as may be needed in the credit evaluation and review process as well as collection of any resultant accounts and waive any right or claim they would otherwise have under Fair Credit Act in the absence of this continuing consent. I/we agree that the security deposit is not refundable unless Lessor rejects the application. By execution of this lease agreement, I/we warrant that the information submitted herein is true and correct and hereby authorize references contained herein to release any necessary information. Further, I/we warrant it is understood that the Lessor reserves the right to reverse any credit decision if the information contained herein is found to be incorrect. A fax or photocopy of this authorization shall be valid as the original.

X

Applicant Signature

Date

X

Applicant Signature

Date