



www.mckenzieleasing.com

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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
Current Employment/Haul		Contact	Phone		Position
Previous Employment/Haul		Contact	Phone		Position
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

