



Commercial Lease Application

14707 S Dixie Hwy, Ste 213
 Miami, FL 33176
 Tel: (800) 304-0146
 Fax: (888) 449-6835

Applicant Business Information										
Please print below: Company Legal Name & DBA (if applicable)										
Billing Address				City & State			Zip Code		County	
Delivery Address				City & State			Zip Code		County	
Telephone:				Fax:			e-Mail Address:			
Contact:					Website URL:					
Date Incorporated:		Years in Business:		Federal Tax ID:		Annual Revenue:		# Employees:		
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership		<input type="checkbox"/> LLC		<input type="checkbox"/> Corporation		<input type="checkbox"/> S-Corporation			
Please describe Nature of Business:										
Guarantor Information										
Primary Name			Title:		SS#			Home Phone:		
Address:			City & State			Zip Code		% Owned		
Secondary Name			Title:		SS#			Home Phone:		
Address:			City & State			Zip Code		% Owned		
Business Bank Information										
Bank	Acct #	Officer		Open Date	Telephone		Ckg	Svg	CD	Loan
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank	Acct #	Officer		Open Date	Telephone		Ckg	Svg	CD	Loan
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank	Acct #	Officer		Open Date	Telephone		Ckg	Svg	CD	Loan
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trade References										
Firm Name		City & State		Officer	Yrs Known	Telephone		Fax	High Credit	
Information Vendor Equipment										
Vendor Name:										
Delivery Address				City & State			Zip Code		County	
Telephone:				Fax:			e-Mail Address:			
Equipment Leased:							Cost (without Taxes):			
New Used (Year manufactured)				Lease Term:			Monthly Payment:			
<p>The undersigned represents that all Information provided with this Application is true and correct and hereby authorizes BridgePoint Financial Group, Inc to obtain from third parties information it deems necessary to arrive at a decision regarding this Application. To help fight terrorism and money laundering, the information you provide will be verified. By signing below, the undersigned individual(s) as principal of and/or guarantor for the applicant, authorizes BridgePoint Financial Group, Inc., its designee, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this Application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. The undersigned authorizes all deposit, borrowing financial and trade Information to be released to BridgePoint Financial Group, Inc. by telephone or fax. A photocopy or fax of this authorization shall be valid as the original.</p>										

Signature

Print Full Name

Date

Signature

Print Full Name

Date