

*Dealer Information*

Dealer ID # **XA47731**  
 Dealer Name David Davies  
 Phone Number \_\_\_\_\_  
 207-315-0315



**Fax to: 812-952-4049**

207-315-0315  
 334 Lowell Town Road  
 Wiscasset, Maine 04578  
 Phone 207-319-7414  
[www.hyfusion.com](http://www.hyfusion.com)  
[www.powergate.us](http://www.powergate.us)  
[www.HHOTrucking.com](http://www.HHOTrucking.com)

**LEASING APPLICATION**

**COMPANY**

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Exact Legal Name			Fed. ID No.		
DBA		Phone		Fax	
Street Address					# of employees
City		State	Zip	County/use tax rate	
Bus. Description					
Years in Business (current ownership)			Bus. Structure: Corp. <input type="checkbox"/> Prop. <input type="checkbox"/> P'ship. <input type="checkbox"/>		
Contact		Phone	Fax		Email

**PRINCIPALS**

Owner/President		Title		Soc. Sec. No.	
Home Address		City		State	Zip
Home Phone		Date of Birth		% Ownership	
Co-Owner/Officer		Title		Soc. Sec. No.	
Home Address		City		State	Zip
Home Phone		Date of Birth		% Ownership	

(If additional owner's, please attach an separate sheet)

**BANK REFERENCES** (Or attach copy of last 3 months bank statements)

Bank Name		Phone		Fax	
Checking Acct. Number		Loan Acct. Number		Officer	
Bank Name		Phone		Fax	
Checking Acct. Number		Loan Acct. Number		Officer	

**TRADE ACCOUNTS** (Net-30 Accounts or Comparable Debt)

Name		Phone		Contact	
Name		Phone		Contact	
Name		Phone		Contact	

**Install location** (if other than lessee's above address)

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**TOTAL AMOUNT REQUESTED** \$ \_\_\_\_\_ (Price to include installation, labor, third-party products, training, etc.)

**TERM** (check one) 24  36  48  60  Months  **\$1.00 Buyout Option**

By signing below, the undersigned individual as principal of and/or guarantor for the applicant, authorizes Community Leasing Associates, its designee, assigns or potential assigns, to review his/her personal credit profile provided by national credit bureaus in considering this application and for the purpose of the update, renewal or extension of credit to the applicant or the collection of any resultant accounts. Permission is hereby granted to correspond with us via facsimile. A fax or photocopy of this authorization shall be valid as the original.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_