



## Industrial Balancers

3556 Centre Circle, Suite A  
Fort Mill, SC 29715  
Phone: (803) 548-4100 Fax: (803) 548-4141

### LEASE APPLICATION

#### Personal Data:

Applicant's Name: \_\_\_\_\_ S.S. Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Present Home: Own: \_\_\_\_ or Rent: \_\_\_\_ Time at Present Address: \_\_\_\_\_

Mortgage Company or Landlord: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact: \_\_\_\_\_ Account Number: \_\_\_\_\_

#### Business Data:

Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date Started: \_\_\_\_\_

Business Space: Own: \_\_\_\_ or Rent: \_\_\_\_ Time at Present Address: \_\_\_\_\_

Mortgage Company or Landlord: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact: \_\_\_\_\_ Account Number: \_\_\_\_\_



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### LEASE APPLICATION (page 2)

#### Trade Credit References:

Name of Supplier:\_\_\_\_\_ Phone No:\_\_\_\_\_

Address:\_\_\_\_\_ Contact:\_\_\_\_\_

Name of Supplier:\_\_\_\_\_ Phone No:\_\_\_\_\_

Address:\_\_\_\_\_ Contact:\_\_\_\_\_

Name of Supplier:\_\_\_\_\_ Phone No:\_\_\_\_\_

Address:\_\_\_\_\_ Contact:\_\_\_\_\_

#### Desired Financing:

Total Equipment Cost:\_\_\_\_\_ Term of Lease:\_\_\_\_\_

Less Down Payment:\_\_\_\_\_ Sales Tax Rate:\_\_\_\_\_

Total Amount Financed:\_\_\_\_\_ Term of Lease:\_\_\_\_\_

**APPLICANT REPRESENTS AND WARRANTS THAT ALL PERSONAL, BUSINESS, AND CREDIT INFORMATION SUBMITTED HERewith IS TRUE AND CORRECT. APPLICANT AUTHORIZES PRO-BAL TO OBTAIN ANY CREDIT, TRADE OR BANK INFORMATION DESIRED.**

\_\_\_\_\_  
applicant

\_\_\_\_\_  
date