



APPLICATION FOR LEASE / LOAN

Cobra Capital
 2831 W. 83rd Street
 Darien, IL 60561
 630-985-3500 tel
 630-985-3567 fax
 www.cobrallc.com

Applicant Name: _____ State of Incorporation: _____

Phone: () _____ Fax: () _____

Federal Tax ID #: _____ Website Address: _____

Street Address: _____ Years at present address: _____

City _____ County _____ State _____ Zip _____

Contact Name: _____ Title: _____ Social Security No.: _____

Email Address: _____ Is Company Tax Exempt? _____ If yes, please provide T/E Certificate _____

Description of Business: _____ Please check: 1 Corp. 2 Partnership

Year Established:

To Whom This May Concern: This will be your authority and my request for you to release any information hereafter requested concerning personal or company credit standing. Applicant also acknowledges that if a third party referred you to Cobra, Applicant agrees that such third party has no authority on behalf of Cobra Capital:

SIGNATURE: _____ **DATE:** _____

BANK REFERENCES:	Telephone:	Fax:	Acct. Number (s):	Contact Name:
1.	()	()		
2.	()	()		

CREDIT & TRADE REFERENCES:				
Business Name:	Contact:	Telephone:	Fax:	
1.		()	()	
2.		()	()	
3.		()	()	

LANDLORD REFERENCES				
Name	Contact	Telephone	Fax	
1.		()	()	
2.		()	()	

PLEASE COMPLETE THE FOLLOWING FOR ALL OWNERS:			
Name:	Name:	Home Address:	Home Address:
Home Address:	Home Address:	City, State & Zip	City, State & Zip
Home Phone: ()	Home Phone: ()	SSN #:	SSN #:

DESCRIPTION OF EQUIPMENT:	
No. Machines:	Make & Model (and Serial No.'s if available)

Term Desired (# of months):	Payment Desired:	Total Equipment Cost::
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New Equipment or Used Equipment (check one)

Supplier Name:	City	Salesperson:	Zip	Phone
Street Address:	State			