

39575 13 Mile Road
 Novi, MI 48377
 Phone: (800) 252-6793
 Fax: (248) 474-6081
 Email: kip-leasing@kipamerica.com



Lease Application Please email or fax to KIP Leasing

Company Information	Full Legal Name		Contact Email Address
	Billing Street Address		
	City/ State/ Zip		
	Equipment Location (if different from above) Street Address/ City/ State/ Zip		
	Contact	Phone Number	
Personal Guarantee Information	Nature of Business	Years in Business	No. of Employees
	Principal/ Partner/ Officer	Social Security Number	
	Street Address		
	City/ State/ Zip	Phone Number	
	<input type="checkbox"/> Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Not for Profit <input type="checkbox"/> Corporate <input type="checkbox"/> State of Inc. _____ <input type="checkbox"/> Date of Inc. _____ <input type="checkbox"/> Limited Liability <input type="checkbox"/> State or Local Gov't		

Equipment Information	Supplier Name (Dealer)	Contact	Estimated Equipment Cost	A
	Lease Program Option	Lease Term (months)	Estimated Buyout Cost	B
	<input type="checkbox"/> Fair Market Value Purchase Option		Estimated Other Cost*	C
	<input type="checkbox"/> 0% Rate Fair Market Value Purchase Option		Estimated Total Cash Price	D (A+B+C)
	<input type="checkbox"/> Fixed Price Purchase Option of \$1.00			
<input type="checkbox"/> Fixed Price Purchase Option of _____ % of Original Lease Amt.				
<input type="checkbox"/> Other _____				
Equipment Description			*Delivery, installation & other costs. Do not include sales/use taxes.	

Bank Reference	Bank Name	Account/ Loan Officer	Phone Number
	Address (City, State)		
	Bank Name	Account/ Loan Officer	Phone Number
	Address (City, State)		

Trade Reference	Name, City, State	Phone Number
	1.	Phone Number
	2.	Phone Number
	3.	Phone Number

Business Purpose You, the credit applicant, certify to us that you are applying for credit for a business purpose, and not for personal, family, or household purposes.

Authorization By signing below, you certify that all statements contained in this application are true and correct. You authorize KIP America, Inc. and its designees to obtain further information regarding your personal and/or business credit standing, which may include obtaining personal credit bureau reports from a credit reporting agency.

X
 Signature _____ Print Name _____ Date _____