



RENTAL FLEET CREDIT APPLICATION E-mail credit application to: TSSapplications@leasedirect.com FAX: 866-287-1176

	Applicant Company Name		TYPE OF BUSINESS							
	Applicant Company Address		City		State Proprietorshi	ip □ Partnership	☐ Corporation Zip			
MATION	State of Incorporation		Phone Number		Date Incorporate	d				
COMPANY INFORMATION	Nature of Business		Tax ID#		Years in Business					
MPANY	Company Website		Email Address							
5	Principal/Owner		Social Security Number							
	Home Address					Date of Birth				
JBO INFORMATION	If more room is required, please go to the section SUMMARY OF UBO(S) on the second page. Beneficial Owners are: 1. An individual, if any, who owns, directly or indirectly, more than 25 percent of the equity interests or Profit Sharing/Economic interest of the legal entity customer (e.g., each natural person that owns more than 25 percent of the shares of a corporation); or 2. If ultimate beneficial owner cannot be determined based on ownership, please provide the name of the natural person with effective control (day to day decision making). 3. If neither 1 or 2 apply, please provide the names of all Board of Directors (BODs), Executive Management. First Name Middle Initial Last Name									
BO INFO	Country of Residence	/DD/YYYY) Title / Position								
•	Ownership Type (Select One)									
	1. Uwnersnip,economic intere	est, voting rights or shares > 25% % (Jwnersnip	%	on who exercises e	ffective control	☐ 3. BODS, EXE	cutive Management		
	Make	Model	New/Used	Cost			OALE DDIOE			
							SALE PRICE	·		
_							ATTACHMEN			
							ATTACHMEN			
RM	Attachment(s) Descriptions			Cost	'		NET TRADE-	,		
IRANSACTION INFORMATION	Trade-in(s) Description						TOTAL AMO			
ACTION	USAGE / APPLICATION									
TRANS	Rental Fleet Normal/Clean Freezer/Cooler Foundry Hazardous Waste Recycling Metal/Paper Moderately Abusive Paper/Textile Mill Corrosive Other (Describe)									
	Hours Operated Annually	Number of Advanced Payments	Finance Term		Purchase Option					
	,	,			□ FMV	□ \$1	□ FPP0	□ Loan		
family trade s consu which renews regard share that D Applic THE A DEPAI PA 19 MENT NOTIC AL OF DERIVERAL.	or household purposes. De L standing and other relevant infimer credit reports, in connecti provided it. Provided credit is al or extension, and/or (3) in coling the Applicant, Undersigne with affiliates and others all int LL believes may be of interest ant authorizes DLL to file finant APPLICANT HAS A RIGHT TO RTMENT WITHIN SIXTY (60) I 087. WHEN CONTACTING THIS OF THE SPECIFIC REASONS CE: THE FEDERAL EQUAL CREATION, SEX, MARITAL STATUS (ES FROM ANY PUBLIC ASSIS AGENCIES THAT ADMINISTE!	cludes the business entity as well age Landen Financial Services, Incormation impacting this Application on with the Application and, at Application and the Application and the Services of Individuals or Applicant's request of Individuals or Applicant that DLL to Applicant. A STATEMENT OF THE SPECIFIC DAYS OF RECEIPT OF AN ADVERSE DEPARTMENT, PLEASE BE SURE FOR THE ADVERSE ACTION WITH APPLICASTANCE PROGRAM; OR BECAUSE R COMPLIANCE WITH THIS LAW OR ADMANCED TO THE APPLICASTANCE PROGRAM; OR BECAUSE R COMPLIANCE WITH THIS LAW OR APPLICATION.	c. and/or its assign and provide to oti blicant's request, we redicted to the redicted to Applica for additional servi s in considering the has or may obtain that it has review saction. C. REASONS IF AN SE ACTION NOTIFIC TO REFERENCE T HIN THIRTY (30) D. TS CREDITORS FR! NT HAS THE CAP THE APPLICANT I CONCERNING THE	is ("DLL"), or its designees, hers information about its trill tell Applicant whether a cont, use or request subsequeces. Applicant agrees that De Applicant's Application. Efor, among other things, the ed this document and the ir ADVERSE ACTION HAS BCATION. THE DEPARTMEN' HE APPLICATION NUMBER AYS AFTER DLL HAS RECEOM DISCRIMINATING AGAI ACITY TO ENTER INTO A HAS IN GOOD FAITH EXERCIBLE ARE THE BUREAU OF	is authorized to ansaction and ex credit report was ent credit bureau LL may get or shacept as otherwis purpose of evaluformation herein TAKEN. TO T CAN BE REACI ON THE NOTIFICIVED APPLICAN INST CREDIT AP BINDING CONTRUSED ANY RIGHT	obtain information periences with Appli obtained and, if so, reports (1) to updare credit information se prohibited by law uating credit applicate is true, correct and DECATION LETTER, DL T'S REQUEST. THE INTERPLICATION LETTER, DL T'S REQUEST. PLICANTS ON THE INTERPLICATION SECONS ACT; BECAUSE ALT UNDER THE CONSTANTS ON THE INTERPLICANTS ON TH	from others concicant. DLL may other name and addite DLL's information with its agents, Applicant agrees ions or offering A I complete. If Applicant 1111 OLD EAG L WILL PROVIDE BASIS OF RACE, LL OR PART OF SUMER CREDIT F	erning Applicant's credit and otain credit reports, including fress of the reporting agency ion, (2) in connection with assignees, and its designees and consents that DLL may pplicant products or services of the products or services or services		
APPLI	CANT HEREBY AUTHORIZES	COMMISSION, EQUAL CREDIT OP DLL OR ANY CREDIT BUREAU OR APPLICANT OR EROM ANY OTHE	OTHER INVESTIG	ATIVE AGENCY EMPLOYED	D BY DLL TO INV	VESTIGATE THE REF	FERENCES HEREI	N LISTED OR STATEMENTS		
OR OTHER DATA OBTAINED FROM APPLICANT OR FROM ANY OTHER PERSON PERTAINING TO APPLICANT'S CREDIT AND FINANCIAL RESPONSIBILITY. By signing below, the undersigned represents and agrees that the individuals whose personal data is provided to DLL, on this form and any related credit application or documents, have consented: (i) to disclos all such personal data to DLL and (ii) for DLL to collect, use, and share such personal data in accordance with our privacy statement at dllgroup.com/usprivacy.										
Hereby the undersigned declare(s) to have provided the information in this form truthfully and to notify DLL regarding changes to the UBO as soon as possible.										
X_	JATURE OF PRINCIPAL / OWNER*)		DATE							

First Name	Middle Initial	Last Name	DOB (MM/DD/YYYY)	Ownership Type (Select One)	% Ownership	
Country of Residence		Title / Position		☐ 1. Ownership, economic interest, voting rights or shares > 25%		
First Name	Middle Initial	Last Name	DOB (MM/DD/YYYY)	Ownership Type (Select One) 1. Ownership, economic interest, voting rights or shares > 25%	% Ownership or shares > 25% %	
Country of Residence		Title / Position		☐ 2. Person who exercises effective control ☐ 3. BODs, Executive Management		
First Name	Middle Initial	Last Name	DOB (MM/DD/YYYY)	Ownership Type (Select One) 1. Ownership, economic interest, voting rights or shares > 25%	% Ownership	
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