



**Credit Application**

Quote Date: \_\_\_\_\_  
 Sales Person: \_\_\_\_\_ Sales Person Phone: \_\_\_\_\_  
 Total Investment Cost: \$ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ [Attach Copy of Sales Quote and Forward with Application](#)

**COMPANY DATA**

Legal Name of Business: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Yrs in bus: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Primary Contact Name: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_ Primary Contact E-Mail: \_\_\_\_\_  
 Equipment Location: \_\_\_\_\_  
 (if different from street address)

**OWNERS/OFFICERS: (Full legal name, title, current address)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ SS#: \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ SS#: \_\_\_\_\_

**BANK REFERENCE:**

Bank Name: \_\_\_\_\_ Bank Contact Name: \_\_\_\_\_  
 Business Account #: \_\_\_\_\_ Bank Contact Telephone: \_\_\_\_\_

I/We hereby authorize Baytree Leasing Company, LLC or its agent to obtain references from the sources listed above, or from any other source deemed necessary, including personal credit reports, and authorize all sources to release such references to Baytree Leasing Company, LLC in support of this credit application or the collection of any resultant account.

Signature	Print Name	Title	Date
Signature	Print Name	Title	Date

\* Lease payment plans are administered by Baytree Leasing Company, LLC.

**FAX TO: (800) 919-4340**

**QUESTIONS / INQUIRIES TO: (877) 229-4888**