

1009 GLEN COVE AVENUE • P.O. Box 145 • GLEN HEAD, NY 11545 (516) 676-3900 • FAX (516) 676-3988

## **BUSINESS LEASE CREDIT APPLICATION**

YR.:	MAKE:	MODEL:	M.S.R.P	CAP.:	TER	M:	PMT:	
BUSINESS NAME				TELEPHONE NO.		TAX I D. #:		
ADDRESS:	<u> </u>	1						
GARAGING ADDRESS:						□ PROP. □ PART □ CORP.		
TYPE OF BUSINESS:  DATE BUSINESS ESTAE								
BUSINESS	PROPERTY OWNED	ADDRESS:	MORTGAGE CO	OMPANY: PURCHASE PR		ANCE	PAYMENT	
	ANT NAME		RESS	\$	\$	COUNTANT TELE	\$	
						OUNTAINT FELL	PHONE NO	
TRADE CR	REDIT COMPANY.	ADDRESS:	PURPOSE:	HIGH CREDIT	BALANCE \$		PAYMENT \$	
BUSINESS	LOANS COMPANY:	ADDRESS:	PURPOSE:	HIGH CREDIT \$	BALANCE \$	-	PAYMENT \$	
	4							
DEPOSIT ACCOUNTS: BANK BRANCH/ADDRESS				TYPE OF ACC	TYPE OF ACCOUNT  CHECKING SAVINGS OTHER			
					☐ CHECK!	ING □ SAVING	S OTHER	
NAME OF A	ACCOUNT OFFICER			Pi	HONE NUMBER			
PRINCIPAL'S NAME MO. & YR. BORN TITLE SOCIAL SECURITY NO.							O.	
SPOUSE'S	DUSE'S NAME HOME ADDRESS			□ OWN □ RENT	MORTGAGEE/LANDLORD			
PRINCIPAL'S NAME MO. & YR. BORN TITLE					SOCIAL SECURITY NO.			
SPOUSE'S	S NAME HOME ADDRESS			□ OWN □ RENT				
COMMENT	S:			144				
IDENTIFI	ICATION:	AUTHORIZED SIGNATURE			DATE			
			TITLE					