

Acoustical Surfaces, Inc.

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Phone: (800) 854-2948 Email: sales@acousticalsurfaces.com



Nate Salas

www.ula.net

EQUIPMENT LEASING APPLICATION

BUSINESS	FULL LEGAL BUSINESS NAME/LESSEE			TELEPHONE	FAX NUMBER	
	ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)
	TYPE OF BUSINESS	CONTACT	CONTACT E-MAIL ADDRESS		AGE OF BUSINESS	FED. TAX NO.
	LOCATION OF EQUIPMENT (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)

OWNERSHIP	Business Structure (Check One) Proprietorship _____ Partnership _____ Corporation _____					State of Incorporation _____	
	1 ST PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	☐ Guaranty	WORK E-MAIL ADDRESS
	HOME E-MAIL ADDRESS		CELL PHONE NO.	HAVE YOU EVER FILED BANKRUPTCY? ☐ YES ☐ NO		DRIVERS LICENSE NO.	
	2 ND PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	☐ Guaranty	WORK E-MAIL ADDRESS
	HOME E-MAIL ADDRESS		CELL PHONE NO.	HAVE YOU EVER FILED BANKRUPTCY? ☐ YES ☐ NO		DRIVERS LICENSE NO.	
	3 RD PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	☐ Guaranty	WORK E-MAIL ADDRESS
	HOME E-MAIL ADDRESS		CELL PHONE NO.	HAVE YOU EVER FILED BANKRUPTCY? ☐ YES ☐ NO		DRIVERS LICENSE NO.	

BANKS	BANK	BRANCH	TELEPHONE	FAX
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	OUTSTANDING LOANS	CONTACT
	BANK	BRANCH	TELEPHONE	FAX
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	OUTSTANDING LOANS	CONTACT

INSURANCE	INSURANCE COMPANY	BROKER	TELEPHONE	FAX
	AGENT	POLICY NO. (IF KNOWN)		

EQUIPMENT	VENDOR			CONTACT		
	ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	TELEPHONE
	EQUIPMENT TO BE LEASED					ESTIMATED DELIVERY DATE
	COST OF EQUIPMENT	RATE / MO. PAYMENT	TERMS OF LEASE		RESIDUAL	
	\$					

I hereby authorize United Leasing Associates of America, Ltd. or any credit bureau or other investigative agency employed by United Leasing Associates of America, Ltd. to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility.

☒ SIGNATURE/TITLE _____ DATE _____

☒ SIGNATURE/TITLE _____ DATE _____