



Petroleum Card Services

1512 US Highway 395 Suite 3
Gardnerville, NV 89410

866-427-7297

FAX (775) 782-7572

PETROLEUM EQUIPMENT LEASE APPLICATION

BUSINESS CONTACT INFORMATION

Company Name:

Contact:

Phone:

Fax:

Merchant ID:

Company Address:

City:

State:

ZIP Code:

Federal ID:

Sole proprietorship:

Partnership:

Corporation:

Yrs In Business:

OWNERSHIP/BANKING INFORMATION

Name and Title:

Home Address:

City:

ZIP Code:

Social Security Number:

Telephone:

Fax:

E-mail:

Bank Name:

Bank Address:

Phone:

City:

State:

ZIP Code:

Account Information

Account number:

Routing:

Voided Check Attached?

EQUIPMENT (TO BE LEASED)

Vendor Name / Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Equipment Description:

Estimated Cost:

Monthly Payment:

Term:

Equipment Quote Attached:

Estimated Install Date:

INSURANCE (COMMERCIAL INSURANCE IS REQUIRED ON LEASED EQUIPMENT)

Insurance Company Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

Contact:

Policy Number:

The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent.

SIGNATURE:

Title:

Date: