

ALLISON LEASING COMPANY *

Allison Leasing
Representative

503 West "A" Street, Suite B • Lincoln, NE 68522 • Phone (800) 405-3273 • FAX (402) 434-7199

B U S I N E S S	Applicant Name		Address		City	State	Zip	County
	Fed. ID #	Phone ()	Mobile ()	FAX ()	Time in Business _____ <input type="checkbox"/> Individual <input type="checkbox"/> Ptshp. <input type="checkbox"/> Corp. <input type="checkbox"/> LLC			
	Owner / Title			Ownership %	Owner / Title			Ownership %
	Home Address / City / State / Zip				Home Address / City / State / Zip			
	E-Mail		Social Security No.		E-Mail		Social Security No.	

E Q U I P M E N T	<input type="checkbox"/> New	Year	Description: (Make, Model, Hours, Miles, Serial / VIN #)				
	<input type="checkbox"/> Used						
	Years to pay	Requested Payment Terms <i>(Please check one)</i>		<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual	Price	
			<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annual		\$	

D E A L E R	Name			Address			
	City	State	Zip	Phone ()	Fax ()	Sales Rep	

I N F O R M A T I O N	Growing Crop Next 12 Mos.	Irrigated or Dryland	Acres Owned Per Crop	Acres Rented Per Crop	Gross Income	Livestock for Sale Next 12 Mos.	Number of Head	Gross Income	
					\$			\$	
					\$			\$	
					\$			\$	
					\$			\$	
	Total Crop Income					\$	Total Livestock Income		\$
	Other Income - <i>(Please describe)</i>							Total Other Income	
Insurance Company		Agent		Liability Amt. \$	Phone ()	Fax ()			

S I G N A T U R E	<p>All information in this application and all attachments is correct to the best of my knowledge. I authorize verification of employment and all financial and other information submitted with this application, including obtaining a credit report, to act on this application. I authorize making continued inquiries about such information and obtaining a credit report during the term of my lease(s) as necessary to administer my lease(s). As required by law, my identity will be verified. I authorize all past or present creditors to release any and all necessary credit information, and to respond fully to requests for information based on this application when transmitted by electronic or other means. The above permissions and authorizations will apply to any creditor to whom this application is submitted. I certify that the lease(s) applied for hereunder are for business, commercial or agricultural purposes and not for personal, family or household purposes.</p> <p>The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. A number of federal agencies share enforcement responsibility for this law. Determining which agency to contact depends on the type of creditor you dealt with. Consult the creditor to whom this application is addressed for information on its regulator, or contact The Federal Trade Commission, Consumer Response Center, Washington, D.C. 20580, 1-877-382-4357.</p>							
	X	X	X	X				
	Signature	Date	Signature	Date				