



609 S. Polk Street • Amarillo, Texas 79101  
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## Commercial Application

(Please complete a Principal Information form for each principal)

INDIAN INK LEASING, INC. at times will participate, discount, or broker-out certain lease transactions to other leasing companies or financial institutions for various reasons. I hereby give my authorization, which includes the use of my application, credit reports, financial statements, tax returns, and any other information I have provided. Usage is limited to the purpose for which it was submitted. The undersigned certifies that the above information, given for credit purposes, is true and correct and authorizes the firm or person to whom this is made and any credit bureau or other investigative agency to investigate the reference, statements or other data listed or accompanying this application. The undersigned authorizes all parties contacted to release credit and financial information requested as part of said investigation. The undersigned individual(s) who is either a principal, a personal guarantor or a sole proprietorship of the credit applicant, recognizing that his/her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes Indian Ink Leasing, Inc. or its designee the use of a consumer report on the undersigned as may needed.

Information provided in this application is correct to the best of my knowledge. I understand this application will be retained whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me. I authorize all past or present creditors to release any and all necessary credit information.

Signed \_\_\_\_\_, Date \_\_\_\_\_ Signed \_\_\_\_\_, Date \_\_\_\_\_

Print Full Legal Name \_\_\_\_\_ Print Full Legal Name \_\_\_\_\_

<b>SECTION A</b>		<b>CUSTOMER INFORMATION</b>						
Name(s) Individual or legal name of corporation, partnership or organization			Contact			Title (if corporation)		
Physical Address						Cell phone number (____) _____		
City		State		County		Zip code		
Billing name <input type="checkbox"/> Same as above		Attention		Title		Fax number		
Billing address								
City		State		County		Zip code		
<input type="checkbox"/> Individual/Sole proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> General partnership		<input type="checkbox"/> Limited partnership* <input type="checkbox"/> Limited Liability corporation* <input type="checkbox"/> Other _____						
*ATTACH ARTICLES OF INCORPORATION AND/OR PARTNERSHIP AGREEMENT								
If corporation, is corporation in good standing? (Yes or No - If No why?)						State of Incorporation		
Date of Incorporation								
Briefly describe operation								
Liability Insurance Carrier		Agent/Contact		Agent Phone		Amount of coverage		
Your business started		Years owned		Federal ID number (or Social Security number, if individual)			Fiscal year end	
<b>SECTION B</b>		Yes	No				Yes	No
Are there any unsatisfied judgements against you?				Does anyone else own an interest in the property listed?				
Have you been declared bankrupt in the last ten years?				Are you a co-maker, co-signer, or guarantor on any financial obligations?				
Are you a defendant in any pending lawsuit?				Are any accounts past due?				
If you have answered "Yes" to any of the above questions, please give details (Use separate sheet if necessary)								
<b>PRINCIPAL INFORMATION</b> (each principal should complete separate application.)								
Principal name		Address/City/State/Zip Code		Social Security		Title (if corporation)	Ownership%	

<b>SECTION C CREDIT REFERENCES</b>					
Checking/Savings Name	Person to contact	Phone Number	City/State	Acct./Loan Number	Acct. Balance:
Operating Lender Name					High Acct. Balance:
Mortgage Holder Name					High Acct. Balance:
Equipment Contract Holders/Other Name					High Acct. Balance:
<b>INCOME SUMMARY</b>					
Total Gross Income:					Other Income:
Brief History of business & Ownership:					

<b>SECTION D BALANCE SHEET</b>			
<input type="checkbox"/> attached		Effective Date: _____	
Assets		Liabilities and Net Worth	
Cash/Savings		Op Lender:	
Accounts Receivable		Accounts Payable	
Stock, Bond, Certificates of Deposits, etc.		Equipment Loans/Leases (list):	
Real Estate Owned		Mortgage(s) (list):	
Machinery & Equipment (include list)		Other Liabilities	
Vehicles		Total Liabilities	
Other Assets (describe)		Total Net Worth	
Total Assets		Total Liabilities and Net Worth	
<b>EQUIPMENT AND LAND PAYMENT(S) (next 12 months)</b>			
Equipment Payments	Real Estate Payments	Other	

<b>SECTION E LEASE PRICING AND EQUIPMENT</b>					Delay Period Months (if any)
Lease Rate Factor	Scheduled Lease Term (in months)	Minimum Lease Term (in months)	Rental Amount	Rental Frequency (annual, semi-annual, quarterly, monthly, irregular)	Total number of rentals
Briefly describe what has created the need for this equipment. Also, please attach available cost studies or cash flow projections.					Attached to Real Estate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Vendor Name		Contact		Phone	
Asset	New/Used	Quantity/Year/Manufacturer/Model/Description/Serial Number		Equipment Cost	Fixed Purchase Option or TRA amount by asset if applicable
A					
B					
<input type="checkbox"/> See Exhibit A				Sales tax (if applicable)	
TOTAL NET EQUIPMENT COST/TOTAL RESIDUAL					