

UNITED LEASE AND FINANCE, INC.

1121 Westrac Drive • P.O. Box 9020, Fargo, ND 58106-9020
Phone: (701) 232-1827 • 1-800-550-1827 • Fax: (701) 232-9512
www.unitedleaseandfinance.com

OWNERS / OFFICERS

Name _____ Title _____

Address _____

City _____ State _____ Zip _____

SSN: _____ DOB _____

% of Ownership _____

Name _____ Title _____

Address _____

City _____ State _____ Zip _____

SSN: _____ DOB _____

% of Ownership _____

Telephone _____

Cell Phone _____

Fax _____

COMPANY-Legal Business Name

Company _____

Address _____

City _____ State _____ Zip _____

Years In Business _____ State of Inc. _____

Nature of Business _____

Check Appropriate Box: Corporation Partnership

Proprietorship Sub-Chapter S Other _____

Subsidiary of _____

Federal I.D. _____

BANK REFERENCE

Bank _____

Location _____

Telephone _____

Bank _____

Location _____

Telephone _____

Nearest Relative _____

Address _____

Telephone _____

INSURANCE INFORMATION

Insurance Agent _____

Address _____

City _____

State _____ Zip _____

Telephone _____

Fax _____

VENDOR INFORMATON

Company _____

Address _____

City _____

State _____ Zip _____

Telephone _____

Fax _____

For the purpose of establishing and maintaining credit, the undersigned submits the foregoing statement and information contained on this sheet, both written and printed, and including supplemental sheets, if any, as being a full, true and correct statement of my financial condition and all above matters, on the date stated. The undersigned agrees to notify you immediately in writing of any materially unfavorable change in my financial condition or the above matters, and in the absence of such notice or of a new and full written statement, all matters herein may be considered as a continuing statement and substantially correct. The undersigned hereby authorizes United Lease and Finance, Inc. or it's assignees to make inquiry into, to request and to receive any information concerning my character, general reputation, personal characteristics, mode of living, and all information from creditors that United Lease and Finance, Inc. or it's assignees deem relevant for the granting and collection of the proposed lease. This authorization shall be effective from the date upon which this application is signed and is extinguished automatically upon full payment of the present lease, if it is granted. I understand that United Lease and Finance, Inc. or it's assignees will be relying on the accuracy of the matters set forth herein as a basis for extending any credit that I may receive.

SIGNATURE _____

DATE _____

SIGNATURE _____

DATE _____

This is a () Joint () Individual Financial Statement

STATEMENT OF FINANCIAL CONDITION
of _____

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash in Bank & Financial Inst.		Due Dept. Stores & Credit Cards	
Cash Surrender Value Life Ins.		Loans on Life Ins.	
Stocks & Bonds			
Accounts Receivable (Good)		Accounts & Bills Payable	
Crop Inventory For Sale		Crop Loans	
Homestead		Mortgage on Homestead	
Other Real Estate Value		Mortgages or Liens on Real Estate	
Livestock		Livestock Loans	
Machinery & Equipment		Machinery Loans	
Leased Equipment		Leased Equipment Debt	
Automobiles		Automobile Loans	
Personal Property		Other Loans (detail)	
Other Assets (detail)			
		TOTAL LIABILITIES	
		NET WORTH (Total Assets Less Total Liab.)	
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH	

SECTION V

CASH FLOW SUMMARY	GENERAL
Total All Income (1) \$	Complete the following information. *If YES attach memo with details.
Total Operating Expense (2) \$	Are you obligated to make Alimony, Support or Maintenance Payments? ()NO () YES
Net Operating Income (1 minus 2) \$	Are you a co-maker, endorser, or guarantor on any loan or contract? ()NO () YES
Less Family Living \$	Are there any unsatisfied judgements against you? ()NO () YES
Total Available For Principal Reduction \$	Have you been declared bankrupt in the last 10 years? ()NO () YES

For the purpose of obtaining credit I furnish the foregoing as a true and accurate statement of my financial condition.

Applicant's Signature _____ Date Signed _____

BOTH SIDES OF THIS FORM MUST BE COMPLETED.