

COMMERCIAL LEASE APPLICATION

If you have any questions, please contact us directly Mon -Fri 8am -8pm Office: 1-888 407 3662

[DOWNLOAD LEASE HERE](#)



CUSTOMER INFORMATION

Business Name *

DBA Name

Your Full Name *

Your Title *

Email Address *

Confirm Email Address *

Street Address *

Street Address Cont'd

City *

State & Zip *

Business Phone *

Time in Business *

Federal Tax ID

Type of Business *

EQUIPMENT INFORMATION

Equipment Description *

Total Equipment Cost *

Untitled

[Click here for Business Alone Credit \(min 3 years in business\)](#)

OWNER / GUARANTOR INFORMATION

Full Name *

Social Security # *

Street Address *

Street Address Cont'd

City *

State & Zip *

Primary Phone *

Email Address

Confirm Email Address

Add Personal Guarantor to Application?

Yes
 No

PLEASE AUTHORIZE:

* The undersigned applies for the lease indicated in this application. Everything stated in this application is correct. TimePayment Corp. may retain the application whether or not the lease is approved. TimePayment Corp. and its Authorized Affiliates are authorized to check my credit and employment history for the purposes of determining my credit worthiness at the time of my application or thereafter in connection with the same transaction or extension of credit and for the further purpose of reviewing the account.

I Agree to the terms above *

Authorized Signature *

I Agree to adopt this typed representation of my name as my signature *