

Consumer Lease Application



ADVANCE
CAPITAL GROUP

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Phone: 212-942-0199
Fax: 212-898-1230

GUARANTOR INFORMATION 1 (Equipment User)

APPLICATION NAME _____

STREET ADDRESS _____

SS# _____ DATE OF BIRTH _____

HOME PHONE _____ WORK PHONE _____

CITY _____ STATE _____ ZIP _____

EMPLOYER _____

OWNS RESIDENCE: YES NO

TITLE _____

YEARS AT RESIDENCE: _____

EMAIL ADDRESS _____

GUARANTOR INFORMATION 2 (if applicable)

APPLICATION NAME _____

STREET ADDRESS _____

SS# _____ DATE OF BIRTH _____

HOME PHONE _____ WORK PHONE _____

CITY _____ STATE _____ ZIP _____

EMPLOYER _____

OWNS RESIDENCE: YES NO

TITLE _____

YEARS AT RESIDENCE: _____

EMAIL ADDRESS _____

INITIAL FUNDING INFORMATION

EQUIPMENT DESCRIPTION:

FILL IN ONE OF THE FOLLOWING FIELDS:

EQUIPMENT PRICE \$ _____

OR Total Funded Amount: \$ _____

DEALER INFORMATION (Equipment Provider)

DEALER NAME: _____

DEALER PHONE: _____

The undersigned applies for the lease indicated in this application. Everything state in this application is correct. Advance Capital Group may retain the application whether or not the Lease is approved. Advance Capital Group and it's authorized Affiliates are authorized to check my credit 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, taking collection activity on the account, and skip tracing. Advance Capital Group and it's Authorized Affiliates are authorized to provide history information to others about my credit standing and your credit experience with me, including but not limited to credit bureaus, other companies, outside collection agencies and outside attorney's.

APPLICANT (Guarantor #1)

APPLICANT (Guarantor #2)

SIGNATURE _____

SIGNATURE _____

DATE _____

DATE _____