

Amtec Lease Application

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LEGAL COMPANY NAME

STREET ADDRESS (CITY, STATE, ZIP CODE)

BUSINESS PHONE

CONTACT NAME AND PHONE (IF DIFFERENT)

YEARS IN BUSINESS

TAX ID NUMBER

Type of Industry (i.e. Medical, Automotive, etc...)

Type of Business (i.e. Sole Proprietorship, Partnership, Corporation)

*Owner(s) Information

FULL NAME/TITLE/% OF OWNERSHIP	HOME ADDRESS: CITY, STATE, ZIP	SOCIAL SECURITY #

*Equipment To Be Leased

VENDOR:

QTY	DESCRIPTION: MAKE, MODEL, ETC...	PRICE

EQUIPMENT LOCATION:

(if different from above)



The individual who is either a principal, a personal guarantor or a sole proprietor of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents & authorizes AMTEC or its designee the use of a consumer credit report on the authorizer, from time to time as may be needed, and also authorizes the investigation of all references listed above. A photocopy or facsimile copy of this authorization shall be valid as the original.