



Brockman Agency
A Financial Services Broker

Tel: (478) 785-6494 Fax: (844) 270-3632 Gen-Email: sales@brockmanagency.com
6997 Barcelona Blvd. Macon, Georgia 31216-6504

LEASE – FINANCE APPLICATION

Date:

Business Information:

Business Name:

Contact:

Fed Tax ID:

Street Address:

City:

ST:

Zip:

Telephone:

Fax:

Email:

Industry Type:

Yrs In Bus:

Date Started:

Sic Code:

Website:

Number Of Owners:

Entity Type: Check One:

Sole Proprietor:

Partnership:

S-Corp:

C-Corp:

LLC:

Business References:

Note: We ask for three references, but we need a minimum of one.

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Reference #1

Contact:

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Address:

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City:

State:

Zip Code:

Phone:

--	--

Reference #2

Contact:

--

Address:

--	--	--	--

City:

State:

Zip Code:

Phone:

--	--

Reference #3

Contact:

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Address:

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City:

State:

Zip Code:

Phone:



**Tell us about the industry experience of each Owner
and how the equipment you're seeking will benefit
the overall function and operation of the business.**



Brockman Agency
A Financial Services Broker

Owner Information:

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Owner: (1) Full Name

DOB:

SSN:

Home Address:

Address Line-2

City:

State:

Zip Code:

Home Phone:

% Of Ownership:

**PLEASE INCLUDE A COPY OF YOUR
DRIVER'S LICENSE WITH YOUR
APPLICATION.**



Brockman Agency
A Financial Services Broker

Owner Information:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Owner: (2) Full Name

DOB:

SSN:

Home Address:

Address Line-2

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

City:

State:

Zip Code:

Home Phone:

% Of Ownership:

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APPLICATION.**



Brockman Agency
A Financial Services Broker

Owner Information:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Owner: (3) Full Name

DOB:

SSN:

Home Address:

Address Line-2

City:

State:

Zip Code:

Home Phone:

% Of Ownership:

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Brockman Agency
A Financial Services Broker

Banking Information:

Bank Name:

Contact:

Telephone:

Fax:

Account Number:

Routing Number:

Account Type:

Email:

Street Address:

Address Line-2

City:

State:

Zip Codes:



Where Do You Plan To Purchase The Equipment?

We'll Contact The Vendor

Dealer – Vendor Information:

Company Name:

Telephone:

Fax:

Email:

Contact:

Street Address:

Address Line-2

City:

State:

Zip Code:



Brockman Agency
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Lease Information:

**Terms Requested
(Months)**

**Amount Before
Sales Tax:**

Equipment Information:

**Please give a full description of all equipment including
Manufacturer, Serial numbers, Model numbers, Year model,
Equipment Type, New or Used. Be sure to include
pictures of the equipment or we can get them from the Dealer.**



Signer Information:

Please Read And Sign Below:

By signing below, the undersigned individual, who is either a principle, a personal guarantor or a sole proprietorship of the credit application, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes the Brockman Agency or it's designee the use of a consumer credit report on the undersigned, from time to time as may be needed. A photostat or facsimile copy of this authorization shall be valid as the original.

Signature:

Date:

Print Name:

DOB:

Signer #1:



Signer Information:

Please Read And Sign Below:

By signing below, the undersigned individual, who is either a principle, a personal guarantor or a sole proprietorship of the credit application, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes the Brockman Agency or it's designee the use of a consumer credit report on the undersigned, from time to time as may be needed. A photostat or facsimile copy of this authorization shall be valid as the original.

Signature:

Date:

Print Name:

DOB:

Signer #2:



Signer Information:

Please Read And Sign Below:

By signing below, the undersigned individual, who is either a principle, a personal guarantor or a sole proprietorship of the credit application, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes the Brockman Agency or its designee the use of a consumer credit report on the undersigned, from time to time as may be needed. A photostat or facsimile copy of this authorization shall be valid as the original.

Signature:

Date:

Print Name:

DOB:

Signer #3: