



Equipment Leasing – Customer Profile

Completed form should be returned by email to forms@cprofit.com or faxed to 888-266-1185 for processing.

ADVISOR: **Bob Miller** _____ Account Executive: _____

Business Information

Legal Business Name: _____

DBA Name: _____

Type of Business: Corporation Proprietorship Partnership LLC

Years in Business: _____ Federal Tax ID #: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Business Phone: _____

Guarantor Information

Guarantor Name: _____ Social Security #: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Email: _____

Lease Details

Purchase Amount: _____ Desired Lease Term: _____

Vendor: _____

Salesperson: _____

Contact Number for Salesperson: _____

Brief Equipment Description: _____

I hereby authorize and consent to C-Profit Corp and its assignees investigating and/or obtaining credit reports, employment history, trade-references and information regarding this application and any resulting accounts. If personal information has been provided, C-Profit Corp and its assignees have the right to obtain personal credit reports in connection with my request for credit for this new account, or when C-Profit Corp and its assignees review my account.

Signature _____ Date _____

Corporate Offices: 321 North Central Expressway, Suite 355, McKinney, TX 75070 Tel: 877-386-3716 Fax: 888-419-3222