



DAVID MASCHKE
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EQUIPMENT DEALER

DEALER NAME	
CONTACT	PHONE
EQUIPMENT TYPE	
EQUIPMENT COST	

LEASE TERM IN MONTHS	
☐ 13	☐ 24 ☐ 36 ☐ 48 ☐ 60

BUSINESS STRUCTURE

☐ PROPRIETORSHIP	☐ CORPORATION	☐ PARTNERSHIP	☐ LIMITED LIABILITY CO.	STATE OF INC.	YEARS IN BUSINESS
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LESSEE INFORMATION

LESSEE (EXACT LEGAL NAME & D/B/A)			WEBSITE ADDRESS		
STREET ADDRESS				CITY	
STATE	ZIP CODE	PHONE NO.	EMAIL ADDRESS		
NATURE OF BUSINESS		YRS UNDER CURRENT OWNER	FEDERAL TAX I.D. NO. (IF APPLICABLE)		

OWNERSHIP

PRINCIPAL #1 NAME			TITLE		% OF OWNERSHIP
SOCIAL SECURITY NO.		PHONE NO.	EMAIL ADDRESS		
STREET ADDRESS			CITY	STATE	ZIP CODE
I understand this equipment application may be approved based upon my business and personal credit. I authorize FirstLease, Inc. or its assignees to check references, bank accounts and credit information.					
☒					

Authorized Signature

PRINCIPAL #2 NAME			TITLE		% OF OWNERSHIP
SOCIAL SECURITY NO.		PHONE NO.	EMAIL ADDRESS		
STREET ADDRESS			CITY	STATE	ZIP CODE
I understand this equipment application may be approved based upon my business and personal credit. I authorize FirstLease, Inc. or its assignees to check references, bank accounts and credit information.					
☒					

Authorized Signature

Please send completed application to: dmaschke@firstleaseonline.com or fax it to (215) 283-9870