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LESSEE

LEGAL BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ Zip: _____

PHONE: _____ CONTACT: _____

TYPE OF BUSINESS: _____ YEARS IN BUSINESS: _____

PROP. ☐ PTSHP ☐ CORP. ☐ LLC/LLP ☐ FEDERAL TAX ID # _____

OWNER INFORMATION

OFFICER NAME: _____ TITLE: _____

ADDRESS: _____ SS#: _____

CITY: _____ STATE: _____ Zip: _____ % of ownership: _____

CELL PHONE: _____ EMAIL: _____

OFFICER NAME: _____ TITLE: _____

ADDRESS: _____ SS#: _____

CITY: _____ STATE: _____ Zip: _____ % of ownership: _____

CELL PHONE: _____ EMAIL: _____

VENDOR INFORMATION

VENDOR: _____ CONTACT: _____ PHONE: _____

EQUIPMENT: _____

COST \$ _____ TERM: 36 MONTHS ☐ 48 MONTHS ☐ 60 MONTHS ☐

BANK BANK SHOULD BE AT LEAST 2 YEARS OLD - IF LESS PLEASE, PROVIDE PREVIOUS BANK REFERENCE

BANK: _____ CONTACT: _____

ACCOUNT # - BUSINESS CHECKING: _____ PHONE: _____

OTHER BANKING REFERENCE: _____

The undersigned individual recognizing that his/her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report and financial institution references on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

Authorized Signature: _____ Printed Name: _____

Authorized Signature: _____ Printed Name: _____