



Morgan Chop Saw L.L.C.
 114 Tri-State Drive • Cullen, LA 71021
 P.O. Box 540 • Sarepta, LA 71071
 (800) 840-4741 • (318) 994-3230 • Fax: (318) 994-3229
 www.morganchopsaw.com • Email: sales@morganchopsaw.com

Gem Leasing
 A Division of Gem Capital Corporation



EQUIPMENT LEASE APPLICATION

COMPANY INFORMATION

Business Legal Name: _____

Street Address: _____ **Suite or Floor #:** _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **E-Mail:** _____ **Mobile:** _____

Equipment Address (Shop or Plant): _____

(Check One): Sole Proprietorship Partnership Corporation LLC **Years in Business:** _____

Main Product / Service: _____ **Years Under Present Ownership:** _____

PRINCIPALS: Owners

Name & Title	% of Ownership	Home Address & Zip	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____

DESCRIPTION OF EQUIPMENT: _____

Equipment Dealer Name: Morgan Chop Saw **Phone:** 318-994-3230

Equipment Cost: \$ _____ **Terms Requested (Mos):** _____ **New** **Used**

BANK INFORMATION: Current Business Checking Information (2 years or more history preferred)

(A) _____ **(B)** _____

Location: _____ **Phone:** _____ **Location:** _____ **Phone:** _____

Contact: _____ **Account#:** _____ **Contact:** _____ **Account #:** _____

Circle Acct Types: Business Personal / Checking Savings **Circle Acct Types:** Business Personal / Checking Savings

TRADE REFERENCES: Please provide information about your suppliers, landlord, loans or leases.

Name: _____ **Contact:** _____ **Phone:** _____

Name: _____ **Contact:** _____ **Phone:** _____

Name: _____ **Contact:** _____ **Phone:** _____

The undersigned authorizes the release of any credit information from any source including credit bureau reporting agencies and financial institutions relating to loan, lease, checking, savings, investment and trade accounts to Gem Leasing, a Division of Gem Capital Corporation, and its affiliated funding sources. The undersigned requests that if a faxed form is needed, it be expedited as quickly as possible. The undersigned hereby represents that information set forth herein is correct and complete. A photo static copy or facsimile transmission of this application shall be as valid as the original version.

CUSTOMER SIGNATURE: _____ **DATE:** _____

Fax this completed application to 937-252-9062 • Call Greg Weis Toll Free at 800-580-6511 with any finance questions
 Or mail application to: 507 S. Smithville Road • Dayton, OH 45403-3124 • Web Site: www.gemleasing.com • email: info@gemleasing.com