H₂ fueling

Email Form To Dan

Secure Supplies

Whatsapp+66 83 6473 443
www.scuresupplyusa.biz
Danieldonatelli1@gamil.com

LEASING APPLICATION

COMPANY   Date _____/_____/_____

Exact Legal Name	**Fed. ID No.**

DBA	**Phone**	**Fax**

Street Address	**# of employees**

City	**State**	**Zip**	**County/use tax rate**

Bus. Description

Years in Business (current ownership)	**Bus. Structure: Corp.** ☐ **Prop.** ☐ **P'ship.** ☐

Contact	**Phone**	**Fax**	**Email**

PRINCIPALS

Owner/President	**Title**	**Soc. Sec. No.**
Home Address	**City**	**State** **Zip**
Home Phone	**Date of Birth**	**% Ownership**
Co-Owner/Officer	**Title**	**Soc. Sec. No.**
Home Address	**City**	**State** **Zip**
Home Phone	**Date of Birth**	**% Ownership**

(If additional owner's, please attach an separate sheet)

BANK REFERENCES   (Or attach copy of last 3 months bank statements)

Bank Name	**Phone**	**Fax**
Checking Acct. Number	**Loan Acct. Number**	**Officer**
Bank Name	**Phone**	**Fax**
Checking Acct. Number	**Loan Acct. Number**	**Officer**

TRADE ACCOUNTS   (Net-30 Accounts or Comparable Debt)

Name	**Phone**	**Contact**
Name	**Phone**	**Contact**
Name	**Phone**	**Contact**

Install location (if other than lessee's above address)

MOUNT REQUESTED $ _____   (Price to include installation, labor, third-party products, training, etc.)

eck one) **24** ☐   **36** ☐   **48** ☐   **60** ☐ **Months**   ☐   **$1.00 Buyout Option**

Signature	**Print Name**	**Date**
Signature	**Print Name**	**Date**