



# CREDIT APPLICATION

Phone: (800) 851-1488  
FAX: (877) 800-0550  
www.impreferredleasing.com

IFSC Rep:

**LESSEE (PLEASE BE SURE TO LIST EXACT LEGAL NAME OF ENTITY)**

Company	DBA		
Address	City	State	Zip
Phone	Fax #	Contact Person	Title
Nature of Business	Type of Business	Year Business Established	Federal Tax ID Number

**TERMS ( ) Financial Statement Attached ( ) Tax Returns Attached ( ) To Be Forwarded**

Lease Amount	Lease Term	Monthly Payments
Comments	Delivery Date	Purchase Option ( ) FMV ( ) \$1.00 PO Other _____

**EQUIPMENT TO BE LEASED (Attach separate list if necessary)**

Manufacturer	Description (Model #)	Total Cost Financed
Reseller Name	Reseller Address	Computer Equipment: % Hardware % Software
CCT	1745 Shea Center Dr., Ste. 400, Highlands Ranch, CO 80126	
Reseller Contact	Reseller Phone #	Reseller FAX #
Jim St. Louis	720 344-4955	720 489-3807

**PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS**

Name	% Ownership	Title	Social Security #
Home Address		City	State Zip
Name	% Ownership	Title	Social Security #
Home Address		City	State Zip

**COMPANY BANK REFERENCES - MINIMUM TWO-YEAR HISTORY (to establish loan history)**

Name of Bank/Branch	Contact	Account #	Phone #
Name of Bank/Branch	Contact	Account #	Phone #

**TRADE REFERENCES - MINIMUM TWO-YEAR HISTORY (to establish high credit/payment history)**

Name of Supplier	Contact	Account #	Phone #
Name of Supplier	Contact	Account #	Phone #
Name of Supplier	Contact	Account #	Phone #

Business Purpose You, the credit applicant, certify to us that you are applying for credit for a business purpose, and not for personal, family or household purposes.

Authorization By signing below, you certify that all statements contained in this application are true and correct. you authorize us and our designees to obtain further information regarding your personal and/or business credit standing, which may include obtaining personal credit bureau reports from a credit reporting agency.

Sign \_\_\_\_\_ Print \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**EQUAL CREDIT OPPORTUNITY ACT NOTICE:** If your application for business credit is denied, you have a right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Credit Disclosure Administrator, at **IM Preferred Leasing**, a d/b/a of CIT Technology Financing Services, Inc. within 60 days from the date you are notified of our decision. Our mailing address is P.O. Box 1638, 650 CIT Drive Livingston, NJ 07039-7238. We will send you a written statement of reasons for denial within 30 days of receiving your request for the statement. The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, gender, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, C 20580.