



TRIUMPHE CREDIT APPLICATION

800-863-4822 * Fax 888-848-4822

LESSEE FULL COMPANY LEGAL NAME			DATE ESTABLISHED Under current ownership		
IS APPLICANT SUBSIDIARY OF ANOTHER CO? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, PARENT NAME:			
LESSEE FULL COMPANY ADDRESS – PLEASE INCLUDE CITY, STATE & ZIP CODE				TYPE OF BUSINESS	
COMPANY PHONE	COMPANY FAX	ALT. PHONE		EMAIL	
LESSEE CONTACT		# OF EMPLOYEES	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> LLC	<input type="checkbox"/> NON PROFIT
			<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> PROPRIETORSHIP	
STATE IN WHICH BUSINESS IS ORGANIZED				STATE IDENTIFICATION NUMBER	
EQUIPMENT LOCATION (If different than address above)					

BUSINESS REFERENCES

BANK REFERENCES	CITY/STATE	PHONE NO.	TYPE ACCOUNT	CONTACT	ACCOUNT NO.
1.					
2.					
TRADE REFERENCES	CITY/STATE	PHONE NO.	CONTACT		ACCOUNT NO.
1.					
2.					
3.					
LANDLORD/MORTGAGE:					<input type="checkbox"/> OWN <input type="checkbox"/> LEASE PROPERTY

PERSONAL INFORMATION (PRINCIPALS OR GUARANTORS)

	(1)	(2)	(3)
NAME			
HOME ADDRESS CITY, STATE & ZIP CODE			
HOME PHONE NO			
SOCIAL SECURITY NUMBER			
TITLE & % OWNERSHIP			

CREDIT RELEASE

I hereby authorize our banks, references and financial institutions to release credit information to Triumphe Capital Associates or its designee. I hereby consent to and authorize the use of consumer credit report(s) by the above named business credit grantor or its designee as may be needed, in the initial and continuing credit evaluation and review process.

Signature (required) _____ Date _____

VENDOR & EQUIPMENT INFORMATION

VENDOR NAME	ADDRESS	CITY	STATE	ZIP
CONTACT	PHONE NO.	FAX NO.		
LEASE TERM	EQUIPMENT COST \$	EMAIL		
EQUIPMENT DESCRIPTION (Please provide brand name & model numbers for all major equipment if available.)				<input type="checkbox"/> NEW <input type="checkbox"/> USED

Triumphe Leasing Network, Inc.

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 www.triumpheleasing.com



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