



Total Equipment Cost: \_\_\_\_\_  
(Must be a minimum of \$5,000)

Lease Term: \_\_\_\_\_

Distributor Name: \_\_\_\_\_

Location: \_\_\_\_\_

Phone: \_\_\_\_\_ Sales Representative Contact: \_\_\_\_\_

Sales Representative E-mail: \_\_\_\_\_

**AMERICAN INDUSTRIAL LEASING CO.**  
**LESSEE CREDIT APPLICATION**

Lessee Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Time in Business		Nature of Business	
Owner		Social Security No.	Home Phone No.
Home Address	City	State	Zip Code

**By submitting this application, I/We certify that all the information I/We have given or will give with this application is accurate to the best of My/Our knowledge. I/We hereby give American industrial Leasing Company the authorization to obtain information concerning My/Our personal and/or company credit information**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete information above, then submit to American Industrial Leasing, Co.  
via phone, fax or e-mail.



Phone: 800-444-6230  
Toll Free Fax 877-557-1147  
E-mail Address: ailco@ailco.com