



(877)VFG-INC1 Toll Free
 (877)834-4621
 (866)401-4185 Fax
 www.vfg-inc.com

COMMERCIAL LEASE APPLICATION

BUSINESS INFORMATION

"PLEASE FILL OUT COMPLETELY"

Company's Legal Business Name:				
Address:	City:	State:	Zip:	
Telephone:	Fax:			
Business Description:		Federal Tax ID #:		
Years in Business:	Corporation	Proprietorship	Partnership	Other

INFORMATION ON PRINCIPAL GUARANTORS, OWNERS & PARTNERS

Owner 1 (Full Name):		Social Security #:	
Home Address:		City:	State: Zip:
Own <input type="checkbox"/> Rent <input type="checkbox"/>	Phone:		
Owner 2 (Full Name):		Social Security #:	
Home Address:		City:	State: Zip:
Own <input type="checkbox"/> Rent <input type="checkbox"/>	Phone:		

BANK REFERENCE

Bank Name	Address/Branch	Account #(s)	Phone

TRADE REFERENCE

Trade Name	Address	Account #/Contact	Phone

EQUIPMENT REQUEST

Equipment Description:	New	Used	Equip. Cost: \$
Equipment Supplier:	Contact:		
Address:	Phone:		

I/We certify that the above information is true and correct and I/we authorize any bank, financial institution, or trade reference to release any information as may be requested by Venture Financial Group, Inc. (VFG, INC) and or its assigns. I/We also hereby authorize VFG, INC. to obtain other credit information and relate this information to others as necessary.

Signature: _____ Title: _____ Date: _____

Signature: _____ Title: _____ Date: _____

INFORMATION DISCLOSURE AUTHORIZATION

TO WHOM IT MAY CONCERN:

I/We hereby authorize you to release for verification purposes information concerning

Consumer credit report on individuals associated with loan/lease application

Employment history, including dates, titles, income, hours worked, etc.

Banking, Savings and asset accounts of record

Mortgage loan rating or personal loan rating, including my payment history, opening dates, high credit, payment amount, loan balance and past payment record.

Any information deemed necessary in connection with consumer report for a financial transaction.

This information is for the confidential use of the lender in compiling and verifying certain information in the processing of my/our lease/loan request.

A photographic/fax copy of this authorization may be deemed to be equivalent of the original and may be used as a duplicate of the original.

Signature	Social Security #	Date
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Home Address	City	State	Zip Code
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Signature	Social Security #	Date
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Home Address	City	State	Zip Code
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