



COMMERCIAL LEASING APPLICATION

Please fill out and submit online or fill in, print and fax/mail to address at bottom. Thank you.

BUSINESS (check type)

Proprietorship Partnership Corporation LLC S-Corp Municipal

Full Legal Name: _____

Operating Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Fed Tax ID: _____

Phone/Day: _____/_____ Cellular: _____/_____ Fax: _____/_____

Time in business: _____ Business Description: _____ # of Employees: _____

Contact: _____ Title: _____ Email: _____

Bank

Bank Name: _____ Branch: _____

Phone: _____ Account Manager: _____ Account #: _____

Principal (Please complete for all PROPRIETORSHIPS or if your corporation is less than three years in business)

Last Name: _____ First Name: _____

Date of Birth: _____ Social Security #: _____
Month / Day / Year

Home Address: _____ Time at Address: _____

City: _____ State: _____ Zip: _____

Own Home Mortgage/Rent Pmt: _____ Value of Home _____ Mortgage Balance _____

Rent

VENDOR AND EQUIPMENT

Dealer Name: **OMH ProScreen** Branch: _____

Sales Rep: _____ Equipment Cost (Approx. is OK): _____ Term Requested: _____

Equipment Description: _____ New Used

12 month - no interest - 50% down 24 month - 5.9% interest - 30% down

The undersigned consents to OMH Finance collection, use, and disclosure to its affiliates, credit bureaus, reporting agencies, financial institutions, and businesses with whom each of the undersigned has had financial relationships and other references provided in support of this application (and disclosure by these parties to OMH Finance), of the information provided herein and credit and financial information obtained from the above sources for the purposes of obtaining and using a credit information report and verifying current and ongoing creditworthiness of each of the undersigned and other information provided in connection with this application. OMH Finance may disclose credit and financial information connected with this application to future creditors and lenders that request credit references. SIN's (if provided) and other personal identifiers will be used solely for matching of credit bureau/reporting agency information and/or verifying the identity of the undersigned. The undersigned consents to the collection, use, and disclosure of personal information by OMH Finance and the persons referred to in the related lease, finance, or rental agreement for the above purposes and the purposes described in the related lease, finance, or rental agreement if your application is approved, you authorized us to collect, hold, use, exchange and disclose your personal information, as required, in order to administer your contract, determine your insurance eligibility, and secure the assets being financed, or as required or permitted by law. You also authorize us to use your personal information for internal statistical analysis purposes. We will keep a file containing some or all of your personal information at 30627 N Hardesty Rd, Chattaroy WA, from time to time, you have a general right to access and rectify the personal information in this file by making a written request to the above address.

Date: _____ Signature: 

Your OMH Finance Representative, Bob Chalut (ext. 106)

Mail: 30627 N Hardesty Rd. Chattaroy, WA 99003

Phone: (800) 288-7875

Fax: (800) 218-7875