



## Equipment Leasing – Customer Profile

Completed form should be returned by email to [Forms@cprofit.com](mailto:Forms@cprofit.com) or faxed to 888-419-3222 for processing. Account Executive: Robert J. Jacobs

### Business Information

Legal Business Name: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Type of Business:  Corporation  Proprietorship  Partnership

Years in Business: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Business Phone: \_\_\_\_\_

### Guarantor Information

Guarantor Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Lease Details

Purchase Amount: \_\_\_\_\_ Desired Lease Term: \_\_\_\_\_

Vendor: **Impressive Signs & Graphics**

Salesperson: **Michael Benn, G.M.**

Contact Number for Salesperson: **972-243-5030**

Brief Equipment Description: \_\_\_\_\_

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I hereby authorize and consent to C-Profit Corp and its assignees investigating and/or obtaining credit reports, employment history, trade-references and information regarding this application and any resulting accounts. If personal information has been provided, C-Profit Corp and its assignees has the right to obtain personal credit reports in connection with my request for credit for this new account, or when C-Profit Corp and its assignees reviews my account.

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