



Equipment Lease Application
Fax to 228-563-5698

PLEASE FORWARD TO THE LEASING DEPARTMENT

FULL NAME OF BUSINESS			YEARS IN BUSINESS	FEDERAL TAX ID #
BUSINESS STREET ADDRESS	CITY	STATE & ZIP	AREA CODE & PHONE #	FAX #
NATURE OF BUSINESS			PRIMARY CONTACT PERSON	
OWNER/GUARANTOR FULL NAME(S)			TITLE	
1) _____				
2) _____				
HOME ADDRESS	CITY	STATE & ZIP	SOCIAL SECURITY #	DATE OF BIRTH
1) _____				
2) _____				
BUSINESS IS A: <input type="checkbox"/> CORPORATION <input type="checkbox"/> SUB "S" CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> LIMITED LIABILITY CO				
<input type="checkbox"/> NON-PROFIT CORPORATION <input type="checkbox"/> OTHER (SPECIFY)				
ADDRESS WHERE THE EQUIPMENT WILL BE LOCATED				

NAME OF BANK	CONTACT NAME	PHONE #	ACCOUNT #.
INSURANCE COMPANY	AGENT NAME	PHONE #	

DETAILED FINANCIALS MAY BE REQUESTED FOR CERTAIN SIZED TRANSACTIONS / RELATIONSHIPS

COMPANY FINANCIAL INFORMATION

(For 12 months ending _____)
 GROSS ANNUAL REVENUE \$ _____
 NET ANNUAL INCOME \$ _____
 TOTAL ASSETS \$ _____
 TOTAL LIABILITIES \$ _____

OWNER/GUARANTOR FINANCIAL INFORMATION

For year ending: (1) _____ (2) _____
 PERSONAL GROSS ANNUAL INCOME \$ _____ \$ _____
 TOTAL PERSONAL ASSETS \$ _____ \$ _____
 TOTAL PERSONAL LIABILITIES \$ _____ \$ _____

THE UNDERSIGNED REPRESENTS AND WARRANTS THAT THE ABOVE FINANCIAL INFORMATION IS TRUE, ACCURATE AND COMPLETE AND THAT THE AFORESAID BANK MAY CONSIDER THIS STATEMENT AS CONTINUING TO BE TRUE, ACCURATE AND COMPLETE UNTIL A WRITTEN NOTICE OF CHANGE IS GIVEN TO SAID BANK BY THE UNDERSIGNED

-- AND --

I HEREBY GRANT HANCOCK BANK THE AUTHORITY TO CHECK MY CREDIT AND / OR EMPLOYMENT HISTORIES BY OBTAINING A CONSUMER REPORT FROM ANY CONSUMER-REPORTING AGENCY AND TO MAKE INQUIRIES OF ANY OF MY CREDITORS OR EMPLOYERS FOR SUCH INFORMATION. YOU ARE ALSO AUTHORIZED TO MAKE ANY FUTURE INQUIRIES OF MY CREDIT AND / OR EMPLOYMENT HISTORIES YOU DEEM NECESSARY. THIS AUTHORIZATION SHALL CONTINUE IN FORCE AND EFFECT UNTIL SUCH TIME AS ALL OBLIGATIONS THAT I OR THAT I GUARANTEE TO HANCOCK BANK HAVE BEEN SATISFIED IN FULL.

Signature of Owner / Guarantor(1)

Social Security #

Print Name of Owner / Guarantor (1)

Date

Signature of Owner / Guarantor (2)

Social Security #

Print Name of Owner / Guarantor (2)

Date

THIS APPLICATION IS INTENDED FOR BUSINESS PURPOSES ONLY

DETAILED EQUIPMENT DESCRIPTION	VENDOR NAME	CONTACT
	TELEPHONE	FAX #
	TERMS OFFERED	
AMOUNT	PURCHASE OPTION OFFERED	

Tim Sansone
228-563-5692
P.O. Box 4019, Gulfport, Ms 39502