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**LESSEE**

LEGAL BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ Zip: \_\_\_\_\_

PHONE: \_\_\_\_\_ CONTACT: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_

PROP.  PTSHP  CORP.  LLC/LLP  FEDERAL TAX ID # \_\_\_\_\_

**OWNER INFORMATION**

OFFICER NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SS#: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ Zip: \_\_\_\_\_ % of ownership: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OFFICER NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SS#: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ Zip: \_\_\_\_\_ % of ownership: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**VENDOR INFORMATION**

VENDOR: \_\_\_\_\_ CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EQUIPMENT: \_\_\_\_\_

COST \$ \_\_\_\_\_ TERM: 36 MONTHS  48 MONTHS  60 MONTHS

**BANK** BANK SHOULD BE AT LEAST 2 YEARS OLD - IF LESS PLEASE, PROVIDE PREVIOUS BANK REFERENCE

BANK: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ACCOUNT # - BUSINESS CHECKING: \_\_\_\_\_ PHONE: \_\_\_\_\_

OTHER BANKING REFERENCE: \_\_\_\_\_

The undersigned individual recognizing that his/her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and us a consumer credit report and financial institution references on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under the Fair Credit Reporting Act in the absence on this continuing consent.

Authorized Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_