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314 W. Genesee Ave. • Saginaw, MI 48602 • (989) 755-4411 • (800) 292-0235 • Fax: (989) 755-4469

**LEASE APPLICATION**

Company Name \_\_\_\_\_ Circle Trade Style: Db, Corp., LLC

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Guarantor Name \_\_\_\_\_ Title \_\_\_\_\_ Cell # \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Soc. Security no. \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Guarantor Name \_\_\_\_\_ Title \_\_\_\_\_ Cell # \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Soc. Security no. \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Number of power units (trucks, semi-tractors) owned/leased \_\_\_\_\_ Number of trailers owned/leased \_\_\_\_\_

Insurance Agency \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Insurance Liability Limit \_\_\_\_\_ Physical Damage Deductible \_\_\_\_\_

Bank/Cr. Union \_\_\_\_\_ Contact \_\_\_\_\_ City/State \_\_\_\_\_ /

Account no. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Finance Company (s) used for auto, truck and trailer purchases:

Name \_\_\_\_\_ Acct. # \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Acct. # \_\_\_\_\_ Phone \_\_\_\_\_

Address where vehicles are parked when not in use: \_\_\_\_\_

Hauls For: \_\_\_\_\_

Major Maintenance/Repairs Done By: \_\_\_\_\_ Phone \_\_\_\_\_

Terms: Net due on date out. Subsequent invoices due at beginning of each lease/rental period. A service charge of up to 5% per month may be added to unpaid balances.

Permission is hereby granted to the references listed above and Scientific Leasing to release credit information pertaining to the applicant. Applicant also gives Scientific Leasing permission to obtain credit information from a credit reporting agency or service.

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_