

P.O. Box 193064
 San Juan PR 00919-3064
 Tel. 787.723.4050
 Fax. 787.723.4088



Individual Lease Application

Applicant

E-mail: _____

Personal Information:

Name		Social Security No.		Business Tel.	Residential Tel.	
Residential Address		Postal Address			Zip Code	
		Zip Code	Previous Address			
Date of Birth	Occupation	Income	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	How long?	Driver's license No.	
Marital status	Spouse Name	No. Dependents	Other Income *	<input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	Source*	
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried	<input type="checkbox"/> Separated		\$			

Employment Information:

Employer or Firm name		Immediate supervisor			How Long?
Address				Telephone No.	
Previous employer (if under 2 years in present employment)		Immediate supervisor			How Long?
Address				Telephone No.	

Co-Applicant Information

E-mail: _____

Name		Social Security No.		Date of Birth	Driver's license No.	
Employer or Firm name		Immediate Supervisor		Telephone No.	Occupation	
Address		Income	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	How Long?	Telephone No.	
		\$				
Previous Employer (if under 2 years in present employment)		Immediate Supervisor		Telephone No.	Occupation	
Address		Income	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	How Long?	Telephone No.	
		\$				

Additional Information

Do you own an auto?		Make	Model	Year	Lic. Plate No.	Financed?
<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Financed by:		Account Number		Original Bal.	Present Bal.	Monthly Pmt
				\$	\$	\$
Do you own a home?		Mortgage Holder or landlord		Account Number	Monthly Pmt	
<input type="checkbox"/> Yes	<input type="checkbox"/> No				\$	
Other Income	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	Source*		How Long?	Have you deal with CAPEX or Capital leasing before?	
\$					Yes <input type="checkbox"/> No <input type="checkbox"/>	

*Child support, alimony or separate maintenance income need not be revealed if you do not wish to be considered as a basis for payment of this obligation.

Banking Information			
Bank Name	Branch	Type of Account	Account Number
Bank Name	Branch	Type of Account	Account Number
Bank Name	Branch	Type of Account	Account Number

Credit References				
Creditor	Account Number	Initial Amount	Present Balance	Monthly Pmt: \$
Creditor	Account Number	Initial Amount	Present Balance	Monthly Pmt: \$
Creditor	Account Number	Initial Amount	Present Balance	Monthly Pmt: \$

Personal References			
Name	Address	Business Tel.No.	Residential Tel. No.
Name	Address	Business Tel.No.	Residential Tel. No.

Vendor & Equipment Information (Please include copy of quotation or sales agreement)		
Vendor Information	Quotation and Pricing Information	
Vendor / Dealer Name	Cost or Purchase Price	Lease Amount
Contact Person	Other Costs	Residual Value
Phone Number	Total Cost	Lease Term (# months)
Fax Number	Down Payment	Interest Rate
Address	Monthly Payment	Other

I / We certify that the above information is correct to the best of my knowledge. I / We hereby authorize CAPEX to obtain credit information of the undersigned and my business. I further certify that this is not a consumer related transaction, since this is intenden for professional or commercial purpose.

Name and Signature of Individual, Co-Applicant or Authorized Officer		
_____	_____	_____
Name (print)	Date	Signature
_____	_____	_____
Name (print)	Date	Signature

Preferred By	Employee Name
Sales Person	Direct / Other