

P.O. Box 193064  
 San Juan PR 00919-3064  
 Tel. 787.723.4050  
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## Commercial Lease Application

General Information				Company E-mail:
Corporate Name / Firm Name	Tax I.D. No.	Telephone Number	Additional Number	
Name of Owners	Address of Owners			% Owned
Physical Address	Municipality	State / Country	Zip Code	
Postal Address	Municipality	State / Country	Zip Code	
Registration Number	Date Incorporated	State Incorporated	Date Operation Started	
Principals / Officers (datos de los accionistas principales)				
President	Address	Social Security	Marital status	
Vice President	Address	Social Security	Marital status	
Treasurer	Address	Social Security	Marital status	
Secretary	Address	Social Security	Marital status	
General Manager	Address	Social Security	Marital status	
Purpose of this lease				
Principal operation of business				
Names of major costumers	Name of Contacts		Telephone No.	
Personal References				
Family members or other close contacts				
1-		2-		
3-		4-		

Financial Information				
Assets	Liabilities	Capital	Please enclose most recent certified financial statements.	
Total Revenue	Total Cost and Expenses	Net Income		
Bank References (Todas las cuentas de banco del negocio)				
Bank – Checking	Branch	Officer or Contact	Telephone No.	Account No.
Bank	Branch	Officer or Contact	Telephone No.	Account No.
Bank	Branch	Officer or Contact	Telephone No.	Account No.
Bank - Line of Credit	Branch	Officer or Contact	Telephone No.	Account No.
Commercial References				
Creditor	Account No.	Contact	Since	Telephone No.
Creditor	Account No.	Contact	Since	Telephone No.
Creditor	Account No.	Contact	Since	Telephone 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 (# month)	
Additional Number		Down Payment	Interest Rate	
Address		Monthly Payment	Other	
<p>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 intended for professional or commercial purpose.</p>				
Name and Signature of Company Officials (firmas de accionistas principales)				
_____		_____		_____
Name (print)		Date		Signature
_____		_____		_____
Name (print)		Date		Signature
Preferred By		Employee Name		
Salesperson		Direct / Other		