

MANHATTAN LEASING ENTERPRISES LTD.

20 E. SUNRISE HIGHWAY, VALLEY STREAM, NEW YORK 11581 516-568-2300 FAX 516-568-2440

Dealer Name:

Contact:

Dealer Phone#:

INDIVIDUAL or GUARANTOR

CORPORATION

Full Name Mr. Miss Mrs.
Date of Birth Soc. Security #
Address
City
State Zip Phone
Cell Email
Home Rent Own Years at address
Mortgage Holder
Previous Address (If less than 2 years)
City
State Zip Years at address

PERSONAL BANK INFORMATION

Name of Bank
Branch Location
Account #
Account #
Contact Name
Phone #

* For additional guarantors use a separate form.

EMPLOYMENT

Employed by
Address
City
State Zip Phone #
Position Years
Verifiable Income Monthly Yearly
Previous Employer (If less than 2 years)
Years
Verifiable Add'l. Income Monthly Yearly
Source

Firm's Name
Address
City
State Zip Phone
Fax:
Nature of Business
Years in Business Fed. Tax I.D.#
Name of Officer(s) signing for the company and their position (below):

CORPORATE BANK INFORMATION

Name of Bank
Branch Location
Account #
Account #
Contact Name
Phone #

MISC

Comments:

INSURANCE INFORMATION

Name of Company
Broker's Name
Phone Policy #

I CERTIFY TO THE TRUTH OF MY STATEMENTS ABOVE and authorize the Dealer and any person whom this Application is delivered to obtain credit reports on me, in connection with this Application and any Account established hereby, as well as any update, renewal, extension, review or collection thereof. If it does, I will, upon request, be informed of that fact and each credit bureau's name and address. I also authorize the Dealer and any person whom this Application is delivered to verify with others any information contained in this Application and to report its transactions with me.

Signature of Applicant

Date

Year	Make	Model	New	Used	Mileage
VIN#		MSRP	Selling Price		Dn Pay
Trade	Cap Cost	No. Mos.	Residual Value		Payment