Scotsman Ice Systems

Toll Free: (866) 493-4778
Scotsman@firstleaseonline.com

EQUIPMENT DEALER

DEALER NAME	
CONTACT	PHONE
EQUIPMENT TYPE	
EQUIPMENT COST	

LEASE TERM IN MONTHS
☐ 12 Months at 0% Promotion
☐ 24 ☐ 36 ☐ 48 ☐ 60

BUSINESS STRUCTURE

☐ PROPRIETORSHIP	☐ CORPORATION	☐ PARTNERSHIP	☐ LIMITED LIABILITY CO.	STATE OF INC.	YEARS IN BUSINESS

LESSEE INFORMATION

LESSEE (EXACT LEGAL NAME & D/B/A)			WEBSITE ADDRESS
STREET ADDRESS			CITY
STATE	ZIP CODE	PHONE NO.	EMAIL ADDRESS
NATURE OF BUSINESS		YRS UNDER CURRENT OWNER	FEDERAL TAX I.D. NO. (IF APPLICABLE)

OWNERSHIP

PRINCIPAL #1 NAME		TITLE	% OF OWNERSHIP
SOCIAL SECURITY NO.	PHONE NO.	EMAIL ADDRESS	
STREET ADDRESS	CITY	STATE	ZIP CODE

I understand this equipment application may be approved based upon my business and personal credit. I authorize FirstLease, Inc. or its assignees to check references, bank accounts and credit information.

X _____

Authorized Signature

PRINCIPAL #2 NAME		TITLE	% OF OWNERSHIP
SOCIAL SECURITY NO.	PHONE NO.	EMAIL ADDRESS	
STREET ADDRESS	CITY	STATE	ZIP CODE

I understand this equipment application may be approved based upon my business and personal credit. I authorize FirstLease, Inc. or its assignees to check references, bank accounts and credit information.

X _____

Authorized Signature

PLEASE SEND COMPLETED APPLICATION TO: **(Fax): 215-283-9870**
(Email): Scotsman@firstleaseonline.com