

LEASE APPLICATION

ALTO LEASING CORPORATION
301 South Richey Road - Suite 103
Leesburg, FL 34748

(407) 414-5954 (Office)
(352) 321-4120 (Fax)
www.worhorselifts.com

1. PERSONAL INFORMATION:

_____	_____	_____
_ Name (First-Middle-Last) Please Print	Date of Birth	Social Security Number
_____	_____	_____
Mailing Address Apt #	Home Number	Personal Cell Number
_____	Years _____ Months _____	Own _____ Rent _____
City, State, Zip Code	Time at Address	
_____	Years _____ Months _____	Own _____ Rent _____
Personal E-Mail address	If five years or less	

2. COMPANY INFORMATION:

_____	_____	_____
Company Name	Owner's Name(s)	Federal ID Number
_____	_____	_____
Address:	Time at address	Work Cell Number
_____	_____	_____
City, State, Zip Code	Work Phone Number	Company E-Mail Address

3. FORMS OF IDENTIFICATION:

_____	_____	_____
Drivers License Number	State Issued	Expiration Date
_____	_____	_____
Dept of Agriculture License Number (MV#)	Date issued	Expiration Date

4. EQUIPMENT NEEDED:

_____	_____	_____
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RELEASE TO PERFORM CREDIT CHECK:

I authorize "Alto Leasing Corporation" to perform a background check, including but not limited to the following; criminal, credit history, work history, etc. I understand that this information may be used only for consideration regarding the leasing of hydraulic equipment and may not be used for anything else.

"State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you."

Signature of Applicant: _____ Date: _____