



Equipment Leasing - Customer Profile

Completed form should be returned by email to Forms@cprofit.com or faxed to 888-419-3222 for processing. Account Executive: Robert J. Jacobs

Business Information

Legal Business Name: _____

DBA Name: _____

Type of Business: Corporation Proprietorship Partnership

Years in Business: _____ Federal ID #: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Business Phone: _____

Guarantor Information

Guarantor Name: _____ Social Security #: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Email: _____

Lease Details

Purchase Amount: _____ Desired Lease Term: _____

Vendor: _____

Salesperson: _____

Contact Number for Salesperson: _____

Brief Equipment Description: _____

I hereby authorize and consent to C-Profit Corp and its assignees investigating and/or obtaining credit reports, employment history, trade-references and information regarding this application and any resulting accounts. If personal information has been provided, C-Profit Corp and its assignees has the right to obtain personal credit reports in connection with my request for credit for this new account, or when C-Profit Corp and its assignees reviews my account.

Signature _____ Date _____