



# LEASE APPLICATION

Return to Nyle at Fax: 207-989-1101  
or mail, PO Box 1107, Bangor ME 04402

## LESSEE

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business: \_\_\_\_\_ CORP. PTSHIP. PROP.

1. Owner/President Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Street: \_\_\_\_\_ # of years in business: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Prev. Address (if less than 2 years): \_\_\_\_\_

2. Other Officer Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_

## EQUIPMENT

Nyle Model: \_\_\_\_\_ Purchase Option: (please circle) \$1 10% mkt value

Location of equipment if different from above: \_\_\_\_\_

Total price without taxes: \_\_\_\_\_ Lease Term Desired: \_\_\_\_\_ months

## BANK REFERENCES

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Account Type: \_\_\_\_\_ Acc't. #: \_\_\_\_\_

Other Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Account Type: \_\_\_\_\_ Acc't. #: \_\_\_\_\_

## TRADE REFERENCES AND OTHER ACTIVE LEASES

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Account #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Account #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Account #: \_\_\_\_\_

## VENDOR

Nyle Standard Dryers, Inc., PO Box 1107, Bangor, ME 04402-1107 Tel: 800-777-6953  
Contact: Fred Conley

I authorize the above banks and trade references to release credit information to Nyle's funding sources. (Photocopy of this application may be presented as evidence of authority also.)

Signed: \_\_\_\_\_, Title: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Company Name: \_\_\_\_\_