

APPLICATION

Please fill in and sign the application below. Fields marked with an * are required. Once completed, send us the form by either (i) **e-mail at sales@yesleasing.com** or (ii) **fax at (844) 937-3299**.

GENERAL INFORMATION

First Name *		Last Name *				
Email *		Mobile Number *				
Social Security Number						
		(Providing SSN will make credit approval faster. Your information is always protected!)				
Address *		City *		State *	Zip / Post Code *	
	t required if leasing under					
Business Name *		Business Owner *				
Address *		City *		State *	Zip / Post Code *	
Business Phone * Years in Business *			Business Ty	pe *		
EQUIPMENT INFORMATION						
Quantity * Provide Quantity		New or Used *	Cost \$ *			
1 2 3 4 Other		New Used				
Year, Make and Model *						
VENDOR INFORMATION (if appl	icable)					
Name		Sales Rep.				
Company Phone City		State				
By signing below you certify that the above information is the release of any and all credit information pertaining to	the above credit application					
to Wheel Equipment Leasing LLC (Y.E.S. Leasing) and/or any lender or funding source that may be utilized. Such authorization shall extend to obtaining credit information, including from personal credit bureaus as well as bank and trade references. You further acknowledge that you have read and consent with YES Leasing's <u>Terms and Conditions</u> and <u>Privacy Policy</u> as found on <u>www.YESLeasing.com</u> .		Signature *		Date *	Date *	
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