EXTREMA
MACHINERY COMPANY, INC.

LEASE APPLICATION

P.O. Box 1450, Albany, LA 70711
T: (225) 567-3867
F: (225) 567-2966

LESSEE

COMPANY NAME:

ADDRESS:

CITY: STATE: ZIP: COUNTY:

PHONE:

NATURE OF BUSINESS:

YEARS IN BUSINESS: NUMBER OF EMPLOYEES:

CHECK ONE: CORPORATION PARTNERSHIP PROPRIETORSHIP
STATE OF INCORPORATION: DATE:

PRINCIPAL: TITLE:

HOME STREET ADDRESS:

CITY: STATE: ZIP: COUNTY:

SOCIAL SECURITY NUMBER: PHONE:

BANK REFERENCES

NAME OF BANK:

ADDRESS:

CITY: STATE: ZIP: COUNTY:

PHONE: CHECKING ACCT. NUMBER:

ACCOUNT OFFICER:

NAME OF BANK:

ADDRESS:

CITY: STATE: ZIP: COUNTY:

PHONE: CHECKING ACCT. NUMBER:

ACCOUNT OFFICER:

TRADE REFERENCES

NAME OF COMPANY: CONTACT:

CITY, STATE: PHONE:

NAME OF COMPANY: CONTACT:

CITY, STATE: PHONE:

NAME OF COMPANY: CONTACT:

CITY, STATE: PHONE:

SUPPLIER

COMPANY NAME:
Extrema Machinery Company

ADDRESS:
P. O. Box 1450

CITY: **Albany** **STATE:** **LA** **ZIP:** **70711** **COUNTY:** **Livingston**

CONTACT NAME: **Guy Portier** **TITLE:** **President**

PHONE: 877-398-7362 **FAX:**

EQUIPMENT

QTY:	DESCRIPTION:	UNIT PRICE:

TOTAL EQUIP. COST: _____

If sales tax payment is required (e.g. CA, ME, NV, NJ) rather than use tax (tax on monthly payment) add sales tax to above total lease base.

OTHER: _____

TOTAL LEASE BASE: _____

TERM:_____ PURCHASE OPTION:_____ LEASE RATE FACTOR:_____

RELEASE

To Whom This May Concern:

This will be your authority and my request for you to release any information requested concerning personal or company credit standing.

SIGNATURE: _____