

Lease Application

**Castleton
Capital
Corporation**

SUPPLIER Salesperson Phone

Address City State Zip Fax

EQUIPMENT

Location of equipment Total equipment cost \$

COMPANY INFORMATION

Name of your business Years owning business under current name

Business address City State Zip

Business phone Fax Home phone Cellular phone

Business type Number of employees Square feet of salon
(i.e. corporation, partnership, sole proprietorship)

BUSINESS BANK REFERENCES

Name of bank / branch Bus. Checking Acct. #

Account opened? Bank phone #

TRADE REFERENCES *(suppliers currently used in business)*

Name Contact / Account # Phone #

PERSONAL INFORMATION (OWNERS/PARTNERS)

(1) Name Title Social security number

Home address City State Zip

(2) Name Title Social security number

Home address City State Zip

AUTHORIZATION

The undersigned represents that all information provided within this application is true and correct and hereby authorizes Castleton Capital Corporation or its assignee to review his/her personal credit profile and to obtain information from various financial institutions for the extension, update, or renewal of credit to the applicant. A fax or photocopy of this authorization shall be valid as the original.

Signature Title Date

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Please send this application via mail or fax to: **Castleton Capital Corporation** 1259 Route 46 / Parsippany, NJ 07054
For information or questions regarding our lease programs, please contact Castleton Capital Corporation at: TEL (877) 983-4400 FAX (973) 263-2515