

# MANHATTAN LEASING ENTERPRISES LTD.

20 E. SUNRISE HIGHWAY, VALLEY STREAM, NEW YORK 11581 516-568-2300 FAX 516-568-2440

Dealer Name:

Contact:

Dealer Phone#:

## INDIVIDUAL or GUARANTOR

## CORPORATION

Full Name Mr. Miss Mrs.  
Date of Birth Soc. Security #  
Address  
City  
State Zip Phone  
Cell Email  
Home Rent Own Years at address  
Mortgage Holder  
Previous Address  
(If less than 2 years)  
City  
State Zip Years at address

### PERSONAL BANK INFORMATION

Name of Bank  
Branch Location  
Account #  
Account #  
Contact Name  
Phone #

\* For additional guarantors use a separate form.

### EMPLOYMENT

Employed by  
Address  
City  
State Zip Phone #  
Position Years  
**Verifiable Income** Monthly Yearly  
Previous Employer  
(If less than 2 years)  
Years  
**Verifiable Add'l. Income** Monthly Yearly  
Source

Firm's Name  
Address  
City  
State Zip Phone  
Fax:  
Nature of Business  
Years in Business Fed. Tax I.D.#  
Name of Officer(s) signing for the company and their position (below):

### CORPORATE BANK INFORMATION

Name of Bank  
Branch Location  
Account #  
Account #  
Contact Name  
Phone #

### MISC

Comments:

### INSURANCE INFORMATION

Name of Company  
Broker's Name  
Phone Policy #

**I CERTIFY TO THE TRUTH OF MY STATEMENTS ABOVE** and authorize the Dealer and any person whom this Application is delivered to obtain credit reports on me, in connection with this Application and any Account established hereby, as well as any update, renewal, extension, review or collection thereof. If it does, I will, upon request, be informed of that fact and each credit bureau's name and address. I also authorize the Dealer and any person whom this Application is delivered to verify with others any information contained in this Application and to report its transactions with me.

### Signature of Applicant

### Date

Year	Make	Model	New	Used	Mileage
VIN#		MSRP	Selling Price		Dn Pay
Trade	Cap Cost	No. Mos.	Residual Value		Payment