

**LEASE APPLICATION**



**ALTO LEASING CORPORATION**  
301 South Richey Road - Suite 103  
Leesburg, FL 34748

**(407) 414-5954 (Office)**  
**(352) 321-4120 (Fax)**  
**www.autoshopequipmentleasing.com**

**1. PERSONAL INFORMATION:**

_____		_____	_____
_ Name (First-Middle-Last) Please Print		Date of Birth	Social Security Number
_____		_____	_____
Mailing Address	Apt #	Home Number	Personal Cell Number
_____		Years _____ Months _____	Own _____ Rent _____
City, State, Zip Code		Time at Address	
_____		Years _____ Months _____	Own _____ Rent _____
Personal E-Mail address		If five years or less	

**2. COMPANY INFORMATION:**

_____		_____	_____
Company Name		Owner's Name(s)	Federal ID Number
_____		_____	_____
Address:		Time at address	Work Cell Number
_____		_____	_____
City, State, Zip Code		Work Phone Number	Company E-Mail Address

**3. FORMS OF IDENTIFICATION:**

_____		_____	_____
Drivers License Number		State Issued	Expiration Date
_____		_____	_____
Dept of Agriculture License Number (MV#)		Date issued	Expiration Date

**4. EQUIPMENT NEEDED:**

_____	_____	_____
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**RELEASE TO PERFORM CREDIT CHECK:**

I authorize "Alto Leasing Corporation" to perform a background check, including but not limited to the following; criminal, credit history, work history, etc. I understand that this information may be used only for consideration regarding the leasing of hydraulic equipment and may not be used for anything else.

*"State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you."*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_