



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 info@rogueleasing.com or (ii) fax at Toll Free 1-800-340-1757.

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 *

BUSINESS INFORMATION

Business Name *

Business Owner *

Address *

City *

State *

Zip / Post Code *

Business Phone *

Years in Business *

Business Type *

FEIN

EQUIPMENT INFORMATION

Quantity *

 1 2 3 4 Other

Provide Quantity

New or Used *

 New Used

Cost \$ *

Year, Make and Model *

VENDOR INFORMATION (if applicable)

Name

Sales Rep.

Company Phone

City

State

By signing below you certify that the above information is correct and authorize Rogue Financial Group to verify credit with Equifax Credit Information Services. You further acknowledge that you have read and consent with Rogue Leasing [Terms and Conditions](#) and [Privacy Policy](#) as found on www.RogueLeasing.com, and consent to receiving calls and messages from Rogue Financial Group or its representatives at the contact information provided.

Signature *

Date *