CleanLease™

A Nilfisk-Advance Program
www.cleanlease-us.com

COMMERCIAL APPLICATION

P.O. Box 1817 • Tacoma, WA 98401
Phone 800.570.0873 • Fax 800.821.5903

COMPLETE LEGAL COMPANY NAME			**SUPPLIER**	
Name			Name	
Address			Address	
City/State/Zip			City/State/Zip	
Telephone Number	Fax Number		Telephone Number	Fax Number
Contact Person	Email Address		Salesperson	
OFFICERS/OWNERS/PARTNERS INFORMATION				
Name % Ownership			Name % Ownership	
Address			Address	
City/State/Zip			City/State/Zip	
Home Telephone Number	Social Security Number		Home Telephone Number	Social Security Number
EQUIPMENT DESCRIPTION				
New ☐ Used ☐			Equipment Location (if other than above)	
Nature of Business			Time in Business _____Years _____Months	State of Incorporation

Type of Business: ☐ Corporation ☐ Partnership ☐ Proprietorship ☐ Non-Profit ☐ Government ☐ Other

Term_____ Purchase Option ☐ FMV ☐ 10% ☐ $1.00 ☐ Equipment Finance Agreement

Security Deposit(s) ☐ 0 ☐ 1 ☐ 2 OR Advance Payment (s) ☐ 0 ☐ 1 ☐ 2

Monthly Payment $_____ Plus Tax $_____ (if applicable) Total Payment $_____

BANK			
Type of Account	Account Number	Contact	Telephone Number

TRADES		
Business Name 1)	Telephone Number	Contact
Business Name 2)	Telephone Number	Contact
Business Name 3)	Telephone Number	Contact

SIGNATURE RELEASE

It is expressly understood that this constitutes an application only and in itself shall not be binding upon either party. Additionally, 1/we authorized Nilfisk-Advance, Inc. (and its designee or assignee) to investigate the banks, savings and loan and trade references listed, and if required by Nilfisk-Advance, Inc. (and its designee or assignee), to perform personal credit investigations on the corporate principals, partners, or proprietor listed above.

Authorization: _____ Date: _____

Authorization: _____ Date: _____