

# Credit Application

## Tektronix eEquip Finance™

14180 SW Karl Braun Drive P.O. Box 500, M/S 55-955 Beaverton, OR 97077-0001 Phone (800) 209-2505 Fax (888) 876-4428

**Name of Lessee** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_

Attention \_\_\_\_\_ Title \_\_\_\_\_ Years in Business \_\_\_\_\_

Description of Business \_\_\_\_\_ Fed ID# \_\_\_\_\_  Corporation  Partnership  Proprietorship

**BANKS** Name Telephone Account Number Account Officer

1. \_\_\_\_\_

2. \_\_\_\_\_

**CREDIT & TRADE REFERENCE** Name Contact Telephone

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**If individually owned, a partnership or a closely held corporation, please include and complete the following:**

Name \_\_\_\_\_ S.S.# \_\_\_\_\_ Home Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Rent  Own

Name \_\_\_\_\_ S.S.# \_\_\_\_\_ Home Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Rent  Own

### DESCRIPTION OF EQUIPMENT TO BE LEASED

Quantity	Type of Equipment, Model Description	Unit Cost	TOTAL COST

Lease Term Desired \_\_\_\_\_ State County & City Taxes (where applicable) % \_\_\_\_\_

Lease Rate Factor \_\_\_\_\_ **TOTAL AMOUNT FINANCED** \_\_\_\_\_

Lease Payment \$ \_\_\_\_\_ Number of Advance Payments # \_\_\_\_\_ For a total of \_\_\_\_\_

Upgrade/Buyout Information \_\_\_\_\_ Special Instructions or Information \_\_\_\_\_

**Dealer** \_\_\_\_\_ **Salesperson** \_\_\_\_\_

Street City State Zip Street City State Zip

Telephone Fax Telephone Fax Telephone Fax

I/We have applied to lease equipment. I authorize Mellon Leasing to investigate the references listed above or other credit data including reports from credit reporting agencies which may be required as part of its normal credit approval procedures and authorize that any such information requested may be released by telephone.

Authorized this \_\_\_\_\_ Day of \_\_\_\_\_ 19 \_\_\_\_\_

Company Name \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

Mellon Leasing is a wholly owned subsidiary of Mellon Bank, N.A.

**APPLICANT - DETACH AND RETAIN**

Creditor's Name: Mellon Leasing

Creditor's Address: 100 Corporate North, Bannockburn, IL 60015

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Mellon Leasing, Attn: Credit Manager, 100 Corporate North, Bannockburn, IL 60015, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discrimination against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Credit Protection Act (15 U.S.C. 1601 et seq.). The Federal agency that administers compliance with this law concerning this creditor is the Office of the Comptroller of Currency, Customer Assistance Unit, 1301 McKinney Avenue, Suite 3710, Houston, Texas 77010.