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Apply Now:

Full Name: _____ Date of Birth: ____/____/____
First Middle Initial Last

SS#: _____ Federal ID#: _____ Are you a US Citizen? Yes No

Home Street Address: _____
Address City State Zip

Legal Business Name: _____ Yrs in Business: _____

Business Street Address: _____
Address City State Zip

Business Phone: _____ Fax: _____ Cell: _____

Email: _____ Equipment Cost: _____

Equipment Description: _____

Please accept this release as authorization to provide the requested information. Stearns Bank NA and/or its affiliates reserves the right to pull a credit bureau on all parties identified as owners on the application. Subject to credit approval.

Applicant Signature: _____

PLEASE FILL OUT AND RETURN THIS ALONG WITH A COPY OF YOUR
DRIVER'S LICENSE TO 320-845-4982 or EMAIL to jenad@stearnsbank.com



Fax: 320-845-4982
www.stearnsleasing.com

Contact Jena Dirkes
1-800-247-1922

jenad@stearnsbank.com