



LCP GROUP, Inc.

RENTAL APPLICATION

Please provide the following information to apply to rent equipment from LCP Group, Inc.
Return to the office at 3421 Vestal Rd, Vestal, NY 13850 -OR- email to smeeker@lcpgroupinc.com

COMPANY INFORMATION

Legal Company Name: _____ **D/B/A:** _____

Street Address: _____

City/State/Zip Code: _____ **County:** _____

Phone Number: _____ **Website:** _____

Federal Tax ID: _____ **Exempt Status:** _____ **Years in Business:** _____

Please Check: ☐ LLC ☐ Corporation ☐ Partnership ☐ Proprietorship ☐ Non-Profit
Have you ever been denied credit? ☐ YES ☐ NO

OWNER/PRINCIPAL INFORMATION

Full Legal Name: _____ **Title:** _____

Home Street Address: _____ **Percent Ownership:** _____

City/State/Zip Code: _____ **Phone Number:** _____

Social Security Number: _____ **Email Address:** _____

*If additional Principals, please include on additional sheet

BANK INFORMATION

Name of Bank: _____ **Business Checking Account Number:** _____

Contact Name: _____ **Phone Number:** _____ **Years With Bank:** _____

OTHER LOAN OR TRADE REFERENCES

Entity: _____ **Account Number:** _____ **Phone Number:** _____

Entity: _____ **Account Number:** _____ **Phone Number:** _____

*Rental Amount to be paid in full before taking possession of the equipment. Payment for rental lasting longer than 1 month will be due before the new period begins.