

# CREDIT APPLICATION

Date \_\_\_\_\_ Salesperson: \_\_\_\_\_

Business or Resident Name: \_\_\_\_\_

Person responsible for placing order: \_\_\_\_\_

Person responsible for payment: \_\_\_\_\_

Billing Address	Delivery Address
_____	_____
_____	_____
_____	_____
	Cross Street: _____

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

## Credit Card Information

Card Type: \_\_\_\_\_ Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ \*CVV: \_\_\_\_\_

\*For visa/mastercard -3 Digit# located on the back, Amex is a 4 digit # located on the front

Name of Cardholder: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_ Please check here if you would like your credit card billed automatically every month

**(Otherwise we will not charge any amount unless this account becomes delinquent)**

## Bank Authorization Release

I the undersigned, do hereby give my bank permission to give Cassone Leasing, Inc. credit information on my checking account for rental/leasing purposes.

Account # \_\_\_\_\_ Bank Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

**Credit Terms: Monthly rent due 10 days/any balance over 30 days subject to 2% late charge  
All deliveries are C.O.D. Please be advised that this application does not exceed credit. Payment is mandatory on 1<sup>st</sup> delivery. Allow 3 business days for approval.**



## **CASSONE LEASING INC.**

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