



Hello. This is an independent survey for a Liflease, Inc. Please let us know how they can serve you. Please fill out this short survey and return to fax number, 866-366-1198.

Company Name _____
 Address _____
 City, State, zip _____
 Phone _____
 Fax _____
 Email _____
 Primary Financial Contact If salesman; list separately _____
 Phone _____
 Email _____

 Phone _____
 Email _____

New Material Handling Equipment Carried

If your Primary funding source does not approve a finance/lease transaction, who is your secondary funding source?

What do you look for from your finance source?

Thank you for taking the time to fill out this survey. We look forward to working with you. With your first approved credit application, Liflease will send you a gift certificate.

Juanita Stone
Survey Coordinator
JJS Services