

APPLICANT COMPANY INFORMATION

Full Legal Name		d/b/a Name		Federal Tax ID #	
Company Address		City	County	State	Zip Code
Location of Equipment (if different than above or second location)			Date Business Started	State of Incorporation	
Contact Person	Title	Business Phone	Business Fax	E-Mail Address	
Nature of Business	Business Type: Sole-Proprietorship Corporation Partnership LLC Non Profit			Cell Phone or Pager	

PERSONAL INFORMATION on ALL OWNERS, PARTNERS and GUARANTORS

Owner/Guarantor #1 Name	Title	Social Security Number	% of Ownership	Homeowner Yes / No
Home Address	City	State	Zip Code	Home Phone
Owner/Guarantor #2 Name	Title	Social Security Number	% of Ownership	Homeowner Yes / No
Home Address	City	State	Zip Code	Home Phone
Owner/Guarantor #3 Name	Title	Social Security Number	% of Ownership	Homeowner Yes / No
Home Address	City	State	Zip Code	Home Phone
Owner/Guarantor #4 Name	Title	Social Security Number	% of Ownership	Homeowner Yes / No
Home Address	City	State	Zip Code	Home Phone

BUSINESS CHECKING ACCOUNT REFERENCES

Current Business Bank (2 yr history)	Opening Date	Account Number(s)	Phone	Contact
Previous Bank or Other Accounts	Opening Date	Account Number(s)	Phone	Contact

LEASE, LOAN, SUPPLIER REFERENCES

Lease/ Loan Reference Name	Opening Date	Account Number(s)	Phone	Contact
Supplier Reference Name	Account Number	Phone	Contact	
Supplier Reference Name	Account Number	Phone	Contact	

EQUIPMENT DESCRIPTION, TERMS, SUPPLIER

Equipment Supplier Name	Address	City	State	Zip	Phone Number	Sales Person
Equipment Description	Equipment Cost \$	Lease Terms – Months 24 36 48 60	Buy-out \$1 <input type="checkbox"/> FM V <input type="checkbox"/> 10% <input type="checkbox"/>			

IMPORTANT: I/We the undersigned individual as principal of and/or guarantor for this applicant represents that all information provided with this Application is true, correct and complete and hereby authorizes First Capital Equipment Leasing Corporation, (FCELC), its designee, assigns or potential assigns, to obtain from third parties, information it deems necessary to arrive at a decision regarding this Application. I/We authorize FCELC to investigate my/our credit worthiness provided by a national credit bureau in considering or this Application and for the purpose of update renewal, or extension of credit to the Applicant or the collection of any resultant accounts. We will provide financial statements, tax returns, etc., as you deem necessary. The undersigned authorizes all deposit, borrowing, financial and trade information be released to FCELC by telephone, email or fax. To help fight terrorism and money laundering, the information you provide will be verified. A photocopy or fax of this authorization shall be valid as the original. I/we further consent to receive communications from FCELC by fax or email. 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 that statement, please contact us within 60 days from the date that you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of your request for the statement. NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating 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 Consumer Credit Protection Act. The federal agency that administers our compliance with this law is the Federal Reserve Bank of Chicago, 230 South LaSalle Street, Chicago, IL 60604-1413.

Signature should match the signature on your driver's license

Signature #1	Title	Date	Signature #2	Title	Date
Signature #3	Title	Date	Signature #4	Title	Date