

FIRST CAPITAL

EQUIPMENT LEASING CORPORATION

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RELIGIOUS ORGANIZATION PROFILE

GENERAL INFORMATION

Name of Organization (Incorporation Name): _____

Phone _____ Fax #: _____ URL: _____

Are you incorporated? _____ If yes, what State? _____ Date Started: _____

Address: _____

What is your national affiliation: _____ Number of active members: _____

Business structure governing body? (Deacons, Elders, Bishops, Board etc.) _____

Weekly collections: \$ _____ Current years budget: \$ _____ Last years budget: \$ _____

Business/financial decision maker's name/title? _____ Title: _____

Mortgage holder name/phone number? _____ Phone: _____

Does the organization operate any other businesses here? _____
If so, please describe: _____

REFERENCES

Bank account from which invoices will be paid:

Bank Name: _____ Acct #: _____

Phone: _____ Contact: _____

Supplier Name: _____ Phone: _____

Supplier Name: _____ Phone: _____

Supplier Name: _____ Phone: _____

EQUIPMENT AND TERMS

Equipment to be leased: _____ Amount of Request: \$ _____

Equipment Supplier: _____ Contact: _____ Phone: _____

Term in months: 24 36 48 60 Purchase Option: \$1.00 10%/FMV Monthly Payment: \$ _____

CREDIT AUTHORIZATION

Signature: _____  Title: _____ Date: _____

Print Name: _____ E-mail address: _____