

FIRST CAPITAL

EQUIPMENT LEASING CORPORATION

Phone 800-541-0114 or 508-833-2228 • Fax 800-403-3529 or 508-833-6692

LeaseExperts.com



RELIGIOUS ORGANIZATION CREDIT APPLICATION

GENERAL INFORMATION

Name of Organization (Incorporation Name): _____
Phone _____ Fax #: _____ URL: _____
Address: _____
Are you incorporated? _____ If yes, what State? _____ Date Started: _____
Federal Tax ID #: _____ Sales Tax Exempt: Yes _____ Fax certificate _____
What is your national affiliation: _____ Number of members: Active _____ Contributing _____
Business structure governing body? (Deacons, Elders, Bishops, Board etc.) _____
Weekly collections: \$ _____ Current years budget: \$ _____ Last year's budget: \$ _____
Number of Paid Employees: Full Time: _____ Part Time: _____
Business/financial decision maker's name/title? _____ Title: _____
Mortgage holder name/phone number? _____ Phone: _____
Does the organization operate any other businesses here? _____

REFERENCES

Bank account from which invoices will be paid. *(Fax the last 3 months bank statements, summary page only)*

Bank Name: _____ Acct #: _____
Phone: _____ Contact: _____

Supplier Name: _____ Phone: _____
Contact: _____ Acct #: _____

Supplier Name: _____ Phone: _____
Contact: _____ Acct #: _____

Supplier Name: _____ Phone: _____
Contact: _____ Acct #: _____

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

By signing below, the undersigned individual (s), who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to First Capital Equipment Leasing Corporation or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau and/or from any bank or trade reference provided herein. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photocopy or fax copy of this authorization shall be valid as the original. I/we authorize First Capital Equipment Leasing Corp. to communicate with me/us using any fax numbers and email addresses provided. **Further, I/we affirm my/our identity as the respective individual/s identified in the above application and that all of the information contained herein is accurate, true and complete.**

Guarantor/Co-signer Section *(for all non-denomination churches and churches established less than 15 years)*

Name _____ Soc. Sec # _____ Home Phone _____

Home Address: _____ City, State, Zip _____

Signature: **X** _____ Title: _____ Date: _____

Church Corporate Officer **X** _____ Title: _____ E-mail _____