

Equipment Leasing Credit Application

BUSINESS INFORMATION

Name of Business		DBA	Federal ID #		
Billing Address		City	County	State	Zip
Phone # () ()	Cell # () ()	Fax # () ()	Contact Person/Title		E-mail Address
Nature of Business	Type of Business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC				
Years in Business: _____		US Citizen	Yes: _____	No: _____	Gross Annual Revenue

PERSONAL INFORMATION (PLEASE PROVIDE COPIES OF DRIVERS LICENSES WITH APPLICATION)

Name (First/MI/Last)	Title	% Ownership	Social Security #	DOB
Home Address	City	State	Zip	Home Phone #
Name	Title	% Ownership	Social Security #	DOB
Home Address	City	State	Zip	Home Phone #

DEALER INFORMATION

Dealer's Name	Contact	Phone #	Fax #
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PAYMENT PLAN

Term in Months: <input type="checkbox"/> 36 <input type="checkbox"/> 48	Type of Transaction: <input type="checkbox"/> LEASE	Equipment Cost: \$
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EQUIPMENT TO BE LEASED (Attach separate list if necessary)

Description: (include make, model & serial #'s and any attachments)

TRADE REFERENCES

Name of Supplier	City/State	Phone # () ()	Contact Person
Name of Supplier	City/State	Phone # () ()	Contact Person
Name of Supplier	City/State	Phone # () ()	Contact Person

COMPANY BANK REFERENCES

Name of Branch	Checking Acct. #	Phone # () ()	Contact Person
	Loan Acct. #		

By providing the above information, the applicant(s) authorized Falcon Leasing to whom this application is made or your agents to investigate my/our financial responsibility and credit worthiness and will provide financial statements, tax returns, etc. as deemed necessary. I/we authorize Falcon Leasing to update my/our credit profile from time to time in the future as you deem appropriate

Signature _____

Date _____

ADDITIONAL PERSONAL INFORMATION (PLEASE PROVIDE COPIES OF DRIVERS LICENSES WITH APPLICATION)

Name (First/MI/Last)	Title	% Ownership	Social Security #	DOB
Home Address	City	State	Zip	Home Phone #
Name	Title	% Ownership	Social Security #	DOB
Home Address	City	State	Zip	Home Phone #