



# Credit Application

**FIRST CAPITAL**  
 EQUIPMENT LEASING CORP.  
 PH 800-541-0114 • FAX 800-403-3529  
 Email: Linda@LeaseExperts.com  
 Celebrating 23Years! April 4<sup>th</sup>, 2008

<b>BUSINESS</b>	BUSINESS NAME/LESSEE	PHONE	FAX	EMAIL ADDRESS		
	ADDRESS (STREET)	CITY	STATE	COUNTY	ZIP	WEB SITE URL
	TYPE OF BUSINESS	YRS & MONTHS UNDER CURRENT OWNERSHIP		FED. TAX NO.		
	LOCATION OF EQUIPMENT (STREET)	CITY	STATE	COUNTY	ZIP	STATE OF INCORPORATION

<b>OWNERSHIP</b>	Business Structure <input type="checkbox"/> "C" Corp. <input type="checkbox"/> "S" Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> "LLC" <input type="checkbox"/> Public (No personal guarantor required)					
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS STREET		CITY	STATE	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS STREET		CITY	STATE	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS STREET		CITY	STATE	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
	PRINCIPAL'S NAME		TITLE	% OWNERSHIP	HOME PHONE NO.	SOC. SEC. NO.
	HOME ADDRESS STREET		CITY	STATE	ZIP CODE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT

<b>BANKS</b>	BANK (Min. 2 Year History)	CONTACT	TELEPHONE	FAX
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	SAVINGS/MONEY MARKET NO.	LOAN ACCT NO.
	BANK	CONTACT	TELEPHONE	FAX
	ACCOUNT UNDER NAME OF	CHECKING ACCT. NO.	SAVINGS/MONEY MARKET NO.	LOAN ACCT NO.
	LEASING COMPANY	CONTACT	TELEPHONE	FAX
	ACCOUNT UNDER NAME OF	LEASE ACCT. NO.	SAVINGS/MONEY MARKET NO.	LOAN ACCT NO.

<b>TRADES</b>	COMPANY NAME	ACCOUNT NO.	TELEPHONE NO.	CONTACT PERSON

<b>EQUIPMENT</b>	VENDOR <b>Corporate Mechanical</b>				MY CONTACT
	ADDRESS (STREET)	CITY	STATE	ZIP CODE	TELEPHONE
	<b>5114 Hillsboro Ave. N</b>	<b>New Hope</b>	<b>MN</b>	<b>55428</b>	<b>763-533-3070</b>
	HARDWARE/SOFTWARE TO BE LEASED				
COST OF EQUIPMENT/SOFTWARE		PREFERRED TERM <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60	PREFERRED LEASE END OPTON <input type="checkbox"/> \$1.00 <input type="checkbox"/> FMV <input type="checkbox"/> 10% PURCHASE	VENDOR PAYMENT TERMS	MONTHLY PAYMENT QUOTED \$

**IMPORTANT:** The undersigned represents that all information provided with this Application is true, correct and complete and hereby authorizes First Capital Equipment Leasing Corp. (FCEL) to obtain from third parties, information it deems necessary to arrive at a decision regarding this Application. To help fight terrorism and money laundering, the information you provide will be verified. By signing below, the undersigned individual(s) as principal of and/or guarantor for the applicant, authorizes FCEL, its designee, assigns or potential assigns, to review his/her personal credit profile provided by a national credit bureau in considering this Application and for the purpose of update, renewal, or extension of credit to the Applicant or the collection of any resultant accounts. The undersigned authorizes all deposit, borrowing, financial and trade information to be released to FCEL by telephone or fax. A photocopy or fax of this authorization shall be valid as the original. I/we further consent to receive communications from FCEL by fax or email.

**All owners MUST sign**

**X** \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE /TITLE

**X** \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE /TITLE

Use separate authorization if needed