



Please fax completed application to: 435.649.4731 or scan and email to: info@financecapital.us

Credit Application

Business Name _____ dba _____

Address _____ Phone _____

City _____ County _____ State _____ Zip _____ Fax _____

Attention _____ Title _____ Email _____

Website _____ Description of Business _____

Federal ID # _____ Years in Business _____ Corporation Partnership Proprietorship

BANKING INFORMATION

1. _____
Institution Name Telephone Account Number Contact Name

2. _____
Institution Name Telephone Account Number Contact Name

CREDIT & TRADE REFERENCES

1. _____
Institution Name Telephone Account Number Contact Name

2. _____
Institution Name Telephone Account Number Contact Name

PERSONAL INFROMATION OF GUARANTORS

1. _____
Name Title Home Address

Phone Number % Owner Social Security # Signature

2. _____
Name Title Home Address

Phone Number % Owner Social Security # Signature

I/We have applied to lease equipment. I certify the information provided is correct, that I am empowered to authorize Finance Capital and/or assigns to make whatever inquiries about us deemed necessary to evaluate our credit application, including contacting banks, trade references and reporting agencies, and that individuals herein named are aware of this request.

Signature _____ Title _____
Date _____

Supplier Information

Vendor Name _____ Contact Person _____

Phone Number _____ Email _____

Type of Equipment _____ Equipment Cost _____ Term _____