

Credit Application

Finance Capital

Attn: Jason

Credit Fax: 435-214-0401

Company Name _____

Address _____ Phone _____

City _____ County _____ State _____ Zip _____ Fax _____

Attention _____ Title _____ Years in Business _____

Description of Business _____ Fed ID # _____ Corporation Partnership Proprietorship

BANKS	Name	Telephone	Account Number	Account Officer
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

CREDIT & TRADE REFERENCE	Name	Contact	Telephone
1.	_____	_____	_____
2.	_____	_____	_____

If individually owned, a partnership or a closely held corporation, please include and complete the following:

Name _____ S.S.# _____ Home Telephone _____
 Address _____ City _____ State _____ Zip _____ Rent Own
 Name _____ S.S.# _____ Home Telephone _____
 Address _____ City _____ State _____ Zip _____ Rent Own

I/We have applied to lease equipment. I authorize Finance Capital or it agents to investigate the references listed above or other credit data including reports from credit reporting agencies which may be required as part of its normal credit approval procedures and authorize that any such information requested may be released by telephone.

Authorized this _____ Day of _____ 20 _____

Signature _____ Title _____

DESCRIPTION OF EQUIPMENT TO BE LEASED

Quantity	Type of Equipment, Model Description	Unit Cost	TOTAL COST

Lease Term _____	Lease Rate Factor _____		TOTAL Cost						
Purchase Option _____	Number of Advance Payments _____		Less Trade In Allowance						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Lease Payment</td> <td style="width: 50%;">\$ _____</td> </tr> <tr> <td>+ Maintenance Payment</td> <td>_____</td> </tr> <tr> <td>= TOTAL Payment</td> <td>\$ _____</td> </tr> </table>			Lease Payment	\$ _____	+ Maintenance Payment	_____	= TOTAL Payment	\$ _____	NET to Finance
Lease Payment	\$ _____								
+ Maintenance Payment	_____								
= TOTAL Payment	\$ _____								
Tax Rate _____									

Dealer _____ **Salesperson** _____ **Phone:** _____

Street _____ City _____ State _____ Zip _____ Fax _____