

# LEASE APPLICATION FIRMCO FINANCIAL INC.

## LESSEE INFORMATION

Company Name				Phone #		Fax #			
Address			City		County		State Zip		
Address of Equipment If Different From Above			City		County		State Zip		
Type of Business			Years In Business		# of Employees		e-mail		
Federal I.D. No.		State of Organization		<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC					
Principal/Partner/Officer			% Owned	Principal/Partner/Officer			% Owned		
Address				Address					
City/State/Zip			Soc. Sec. #		City/State/Zip			Soc. Sec. #	
Total Personal Debt		Total Assets			Total Personal Debt		Total Assets		
Equity in Company		Net Income			Equity in Company		Net Income		


## BANK REFERENCES

Bank		Contact Person		Account #		Phone #	
Bank		Contact Person		Account #		Phone #	

## TRADE REFERENCES

Supplier		Contact Person		Account #		Phone #	
Supplier		Contact Person		Account #		Phone #	
Supplier		Contact Person		Account #		Phone #	

For the purpose of securing lease/equipment financing, I authorize Lessor, it's nominees or assigns, to do a complete credit check using the information provided above or attached, including the review of personal credit reports on the principal(s) or guarantor(s) of the credit applicant. I authorize all deposit and credit information to be released by telephone or fax. A photostat or facsimile copy of this authorization shall be valid as the original.

<b>SIGNATURE</b>  		Title:		Date:	
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## VENDOR INFORMATION

Name			Phone #		
Address		Contact			

## EQUIPMENT DESCRIPTION

Quantity, Type, Make, Model of Equipment			
Total Price without Tax		Term 12 24 36 48 60 _____	Advance Payments