



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 INFORMATION 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 authorize Finance Capital or it's agents and affiliates 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 authorizes that any such information requested may be released by telephone.

Signature _____ Title _____

Date _____

Supplier Information

Vendor Name _____ Contact Person _____

Phone Number _____ Email _____

Type of Equipment _____ Equipment Cost _____ Term _____



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Credit Application

Please List All Additional Owners

PERSONAL INFORMATION OF GUARANTORS

3. _____
 Name Title Home Address

_____ Signature
 Phone Number % Owner Social Security #

4. _____
 Name Title Home Address

_____ Signature
 Phone Number % Owner Social Security #

PERSONAL INFORMATION OF GUARANTORS

5. _____
 Name Title Home Address

_____ Signature
 Phone Number % Owner Social Security #

6. _____
 Name Title Home Address

_____ Signature
 Phone Number % Owner Social Security #

PERSONAL INFORMATION OF GUARANTORS

7. _____
 Name Title Home Address

_____ Signature
 Phone Number % Owner Social Security #

8. _____
 Name Title Home Address

_____ Signature
 Phone Number % Owner Social Security #