



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 _____

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

3. _____
Name Title Home Address

Phone Number % Owner Social Security # Signature

4. _____
Name Title Home Address

Phone Number % Owner Social Security # Signature



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Business & Equipment Information

BUSINESS & INDUSTRY INFORMATION

Description of Business: _____

Description of Industry: _____

SUPPLIER & EQUIPMENT INFORMATION

Vendor Name: _____ Contact Person: _____

Phone: _____ Email: _____ Account #: _____

Type of Equipment: _____

Equipment Cost: \$ _____ Leasing Program Requested: _____

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: _____

Print Name: _____ Date: _____