



LoansForBusiness.com

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Commercial Equipment Lease Application

Complete Legal Name of Business (No Abbreviation) _____ Date _____
 Physical Address Business _____ Telephone Number _____
 Mailing Address, If Different _____ Yrs. In Business _____ How Long at This Address _____
 Trade Name or Style (If Any) _____ Type of Business _____
 Equipment Location Address _____ Tax Payer Identification Number _____

Ownership: Sole Owner _____ Partnership _____ Corporation _____ Other _____

Principal or Officer	% Owner	Title	Social Security No.	Spouse	Address
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
= 100%					

Bank/Debt References:

Name and Address	Contact, Telephone	Account Number	Type of Account
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Trade References:

Contact Whom?	Business Name and Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Vendor	Address & Telephone			Equipment
New or Used?	Cost	Tax	Freight/Installation	Total Cost
Lease Structure: Number of Months _____	_____	_____	FMV P.O. _____	10% Put _____ \$1.00 P.O. _____

Insurance Information:	Landlord Information:
Agent _____	Contact _____
Address _____	Address _____
Telephone/Fax _____	Telephone/Fax _____

Lessee hereby authorizes any bank or lending institution, creditor, trade, or credit association, or trade or credit reporting bureau, or any other person who has knowledge of Lessee's credit or trade history to release such information to CapitalFirst Funding or its assigns or designee(s). A photographic or faxed copy of this authorization shall be as valid as the original. The undersigned agrees to reimburse any actual expenses within ten (10) days of invoice by Lessor as needed to complete the lease transaction.

Signed: _____ Title: _____
 Print Name: _____ Date: _____