



beverly@fidelityleasing.biz				Equipment Cost \$	
702-291-8857 (office)				Term in months 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> Other _____	
Please Complete and Fax to: 206-350-5595				Buyout \$1.00 <input type="checkbox"/> FMV <input type="checkbox"/> Other _____	
<b>COMPANY INFORMATION</b>					
Legal Business Name			DBA		Federal Tax I.D. Number
Address, City, State, Zip			County		Mobile #
Business Phone	Fax Number	Total Years under <u>current</u> Ownership	Company Type Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/>		
Equipment Location (if different)		Type of Industry	e-mail address		
<b>OWNER / OWNERS PERSONAL PROFILE</b>					
Name		Social Security Number	Date of Birth	% Ownership	Company Title
Home Address		City	State	Zip	Home Phone
Name		Social Security Number	Date of Birth	% Ownership	Company Title
Home Address		City	State	Zip	Home Phone
Name		Social Security Number	Date of Birth	% Ownership	Company Title
Home Address		City	State	Zip	Home Phone
<b>BANK REFERENCES – FIVE YEAR HISTORY</b>					
Name of Bank/Branch		City/State	Checking Acct. #	Telephone #	Contact Officer
Name of Bank/Branch		City/State	Checking Acct. #	Telephone #	Contact Officer
<b>TRADE REFERENCES – (Suppliers, Net 30 Day accounts, etc.)</b>					
Name	City/State	Account #	Telephone #	Contact Person	
Name	City/State	Account #	Telephone #	Contact Person	
Name	City/State	Account # 4	Telephone #	Contact Person	
<b>FINANCE REFERENCES</b>					
Name	City/State	Account #	Telephone #	Name	
Name	City/State	Account#	Telephone #	Name <input type="checkbox"/> <input type="checkbox"/>	
Description				New    Used	
Vendor Name		Vendor City, State, Zip		Contact Name & phone #	
The undersigned certifies that the information provided in this application, attached financial statements and supporting schedules both printed and written, gives a full, true and complete statement of the financial condition of the undersigned as of the date indicated. Lessor is authorized to conduct a credit investigation using any and all information provided for commercial/leasing credit.					
X					
Authorized officer, Partner or Proprietor		Title		Date	



## Credit Authorization Form

Thank you for your application. Due to a recent Federal Trade Commission ruling, we are required to have credit release signatures from all guarantors and principals on commercial equipment lease transactions. Please have the principals, sign and date this form and return to us so we may complete your request.

The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under Fair Credit Reporting ACT in the absence of this continuing consent.

Signature_____	Date_____
<b>(Business owner, Principals or Guarantors ONLY)</b>	
Print Name –FIRST, MIDDLE, LAST:	
COMPLETE Home Address, City, State, Zip:	
Social Security #:	
COMPLETE Date of Birth:	

Signature_____	Date_____
<b>(Business owner, Principals or Guarantors ONLY)</b>	
Print Name – FIRST MIDDLE, LAST:	
COMPLETE Home Address, City State, Zip:	
Social Security #:        -        -	
COMPLETE Date of Birth:	

Signature_____	Date_____
<b>(Business owner, Principals or Guarantors ONLY)</b>	
Print Name – FIRST, MIDDLE, LAST:	
COMPLETE Home Address, City State, Zip:	
Social Security #:        -        -	
COMPLETE Date of Birth:	

THANK YOU.  
WE APPRECIATE YOUR BUSINESS