



# Equipment Financing Application

Ph: (800) 497-7701

## Company Information

Business Name

Address

City

State

Zip

Phone

Fax

Officer 1 Name Title

SS #

Ownership %

Officer 2 Name Title

SS #

Ownership %

## Bank Reference

Bank Name

Account #

Contact Person

Phone

## Borrowing Reference

Required for requests over \$75,000

Lender Name

Phone

Account #

Fax

## Equipment | Vehicles | Furniture | Software

\$ new used

Estimated Cost

Description

Seller Name

Seller Phone

24 -or- 36 -or- 48 -or- 60

\$1 -or- 10% -or- FMV

Desired Term (in months)

Purchase Option

Signature below authorizes First Capital, its funding sources, agents and/or assigns, to verify business and personal credit information from any source deemed appropriate for the purpose of evaluating this commercial financing request. This authorization includes, but is not limited to, obtaining references from banks, trade/borrowing sources, and accessing credit reports from national credit reporting agencies. By executing this application, the undersigned affirms that any listed principals or guarantors have provided their consent to First Capital, its funding sources, agents and/or assigns, to investigate their creditworthiness solely in connection with this business transaction, and not for consumer or personal credit. A copy or electronic version of this credit release shall be treated as the original.

Signature

Signature

Officer 1 Date

Officer 2 Date