

FINANCIALCORP

EQUIPMENT LEASING/FINANCING

Call: Jon Vermeulen at 800-770-8550
Fax: 952-854-4447
E-mail: financialcorpleasing@gmail.com

VENDOR _____ PHONE _____

LESSEE INFORMATION

Legal Business Name _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ Email _____

Yrs. In Business _____ Tax ID # _____ Nature of Operations _____

Legal Business Type: Corp ___ Sole Prop ___ Prshp ___ Non-Profit ___ LLC ___ LLP ___

OWNERSHIP/OFFICER INFORMATION (IF APPLICABLE)

1. Officer's Name _____ Title _____

Home Address _____ Ownership % (If any) _____

City _____ State _____ Zip _____ Social Security Number _____

2. Officer's Name _____ Title _____

Home Address _____ Ownership % (If any) _____

City _____ State _____ Zip _____ Social Security Number _____

3. Officer's Name _____ Title _____

Home Address _____ Ownership % (If any) _____

City _____ State _____ Zip _____ Social Security Number _____

(If more than 3 owners/officers, please list on a separate sheet)

EQUIPMENT DESCRIPTION

Equipment Description _____

Equipment Location _____

Total Price + Tax \$ _____ Term (Months) _____ Advance Payment _____ Buyout (at the end) _____

BANK INFORMATION

Bank Name _____ Contact (If Any) _____

Ph. # _____ Business Ckg. Acct. # _____

Applicant authorizes FINANCIALCORP and its agents authority to obtain any information requested concerning personal and/or company credit information with regard to this application request.

Applicant Signature _____ **Date** _____