

FINANCIALCORP
EQUIPMENT FINANCE

Fax: 952-854-4447 Phone: 800-770-8550
Email: consultant@financialcorpleasing.com

VENDOR _____ PHONE _____

BUSINESS INFORMATION

Legal Business Name _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Cell # _____ 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

Total Price without Tax \$ _____ Term (# of Months) _____

BANK INFORMATION

Bank Name _____ Contact (If Any) _____

Ph. # _____ Business Ckg. Acct. # _____

I hereby authorize FINANCIALCORP, its affiliates, assignees or any lending source to whom this application is submitted to review or obtain my business and/or personal credit information from any source including credit bureau reporting agencies and my bank for the purpose of extending credit. Additionally, I hereby authorize FINANCIALCORP, its affiliates, assignees or any lending source to whom this application is submitted to request, obtain and review bank, financial or other information from past, present, or potential creditors. I hereby represent all information is true, correct and complete. A photo static and/or facsimile copy of this authorization shall be valid as the original.

Applicant Signature _____ **Date** _____

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