



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 _____		
COMPANY INFORMATION				
Legal Business Name		DBA	Federal Tax I.D. Number	
Address, City, State, Zip		County	Mobile #	
Business Phone	Fax Number	Total Years under current 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		
OWNER / OWNERS PERSONAL PROFILE				
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
BANK REFERENCES – FIVE YEAR HISTORY				
Name of Bank/Branch	City/State	Checking Acct. #	Telephone #	Contact Officer
Name of Bank/Branch	City/State	Checking Acct. #	Telephone #	Contact Officer
TRADE REFERENCES – (Suppliers, Net 30 Day accounts, etc.)				
Name	City/State	Account #	Telephone #	Contact Person
Name	City/State	Account #	Telephone #	Contact Person
Name	City/State	Account #	4 Telephone #	Contact Person
FINANCE REFERENCES				
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 _____ (Business owner, Principals or Guarantors ONLY)	Date _____
Print Name –FIRST, MIDDLE, LAST:	
COMPLETE Home Address, City, State, Zip:	
Social Security #:	
COMPLETE Date of Birth:	

Signature _____ (Business owner, Principals or Guarantors ONLY)	Date _____
Print Name – FIRST MIDDLE, LAST:	
COMPLETE Home Address, City State, Zip:	
Social Security #: - -	
COMPLETE Date of Birth:	

Signature _____ (Business owner, Principals or Guarantors ONLY)	Date _____
Print Name – FIRST, MIDDLE, LAST:	
COMPLETE Home Address, City State, Zip:	
Social Security #: - -	
COMPLETE Date of Birth:	

THANK YOU.
WE APPRECIATE YOUR BUSINESS