

# Lease Application



## Two Ways to Apply

1. Click "Submit" to Email Application to FirstCorp, or:
  2. Fax Completed Application to: **847.324.1583**
- Questions? Call Cynthia Redmond at 800.247.3722, Extension #3

### LESSEE (Complete name of legal entity. If a corporation, use EXACT registered corporate name.)

<input type="text"/>		<input type="text"/>		
Company		DBA		
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Billing Address		City	County	State
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Contact Person		Contact Title	Contact E-Mail	Contact Phone
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Non-Profit <input type="checkbox"/>		Sole Proprietor <input type="checkbox"/>	Partnership <input type="checkbox"/>	S-Corporation <input type="checkbox"/>
C-Corporation <input type="checkbox"/>		LLC <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Type of Business		Date of Establishment	Years of Current Ownership	Number of Employees
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Nature of Business		<input type="text"/>		

### PERSONAL INFORMATION ON OWNERS, OFFICERS, PARTNERS OR GUARANTORS

OWNER 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name	Title	Percentage of Ownership	Social Security Number
OWNER 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Home Address	City	State	Zip
OWNER 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name	Title	Percentage of Ownership	Social Security Number
OWNER 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Home Address	City	State	Zip
OWNER 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name	Title	Percentage of Ownership	Social Security Number
OWNER 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Home Address	City	State	Zip

### SUPPLIER INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supplier	Contact	Phone	Fax	E-Mail

### EQUIPMENT INFORMATION AND LOCATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Equipment Cost	Equipment Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Phone Number at Location

### BANK REFERENCES

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Name	Account Number	Average Balance	Contact Name	Contact Phone

### LEASE PAYMENT TERMS

<input type="text"/>	<input type="text"/>	<input type="text"/>
Lease Term	Purchase Option	Lease Payment (excluding tax)

### SIGNATURE (Application must be hand-signed for mailed/faxed applications. For electronic submissions, type your name in the box.)

Applicant authorizes the release of any relevant credit information, including credit reports, loan, lease, checking, saving, and trade accounts to IFC Credit Corporation dba FirstCorp, and/or any of its assigns. Applicant warrants that the information stated above is true and correct. Authorization is granted to use photo, fax, and electronic copies of this application and applicant's signature thereon to obtain credit information. For electronic submissions, applicant agrees that typing their name in the signature box below constitutes an electronic signature, and that once submitted, this electronic signature will grant IFC permission to access relevant credit information as described.

Signature: <input type="text" value="X"/>	Date: <input type="text"/>
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