

# FirstLease, Inc.

185 Commerce Drive, Unit 102 Fort Washington, PA 19034

# Equipment Lease Application

## APPLICANTS NAME

EXACT LEGAL NAME

## BUSINESS STRUCTURE

<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LIMITED LIABILITY CO.	STATE OF INCORPORATION	YEARS IN BUSINESS
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## LESSEE INFORMATION

LESSEE (EXACT LEGAL NAME OR D/B/A)		E-MAIL ADDRESS			
STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NO.	
TYPE OF BUSINESS	COUNTY	YEAR UNDER CURRENT OWNER	FEDERAL TAX ID NO. (IF ANY)		

## OWNERSHIP

PRINCIPAL #1 NAME	TITLE	% OWNERSHIP %	YRS OF INDUSTRY EXPERIENCE	SOCIAL SECURITY NO.	
STREET ADDRESS	CITY	STATE	ZIP	HOME TELEPHONE NO.	
PERSONAL ANNUAL GROSS INCOME (Not including spouse)	MONTHLY MORTGAGE/RENT (Residence only)				
PRINCIPAL #2 NAME	TITLE	% OWNERSHIP %	YRS OF INDUSTRY EXPERIENCE	SOCIAL SECURITY NO.	
STREET ADDRESS	CITY	STATE	ZIP	HOME TELEPHONE NO.	
PERSONAL ANNUAL GROSS INCOME (Not including spouse)	MONTHLY MORTGAGE/RENT (Residence only)				

## BANK

BANK NAME	CONTACT NAME	CITY	CURRENT CHECKING BALANCE	TELEPHONE NO.
ACCOUNT UNDER NAME OF	CHECKING ACCOUNT NO.	SAVINGS ACCOUNT NO.	LOAN NO.	

## TRADES

COMPANY	CONTACT	TELEPHONE

## DESIRED TERMS (Check one)

LEASE TERM IN MONTHS
<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60
PURCHASE OPTION
<input type="checkbox"/> \$1 <input type="checkbox"/> 10% <input type="checkbox"/> FMV

I understand this equipment application may be approved based upon my business and personal credit. I authorize First Lease, Inc. or its assignees to check references, bank accounts and credit information.

I authorize Firstrust Bank to share financial information with FirstLease.

**X**

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

## ADDITIONAL INFORMATION

If the business has been in operation under present ownership for less than two years, or equipment cost exceeds \$50,000 please provide:

\*Financial Statements or Tax Returns on Company for most recent two years and most recent Interim Financial Statement.

*Please include an itemized quote or Invoice, if available.*

## EQUIPMENT DEALER

DEALER NAME	
CONTACT	PHONE
EQUIPMENT COST	
EQUIPMENT TYPE	

**Fax completed application or mail to address above:**

**ATTN: Craig Stiles ext. 251**

**FAX: (215) 283-9870**

**TEL.: (866) 493-4778**