

BUSINESS CREDIT APPLICATION

FAX APPLICATION TO: (847) 663-6733

Mark Kasal

Business Development Manager

FIRSTCORP® # _____

First In Equipment Leasing

8105 Irvine Center Dr Suite 630 Irvine, CA 92618

LESSEE		Legal Business Name		Contact	Phone No.
DBA Name (if applicable)					Fax No.
Business Street Address/City/State/Zip Code				E-Mail Address	
Type of Business				Years in Bus: Present owner	Tax Identification No.
<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Corporation (State _____)	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> State or Local Government
PRINCIPALS (Owners, partners, and principal officers)	Name	Title	Social Security No.	% of Ownership	Home Phone No.
	Home Address/City/State/Zip Code				E-mail Address
	Name	Title	Social Security No.	% of Ownership	Home Phone No.
	Home Address/City/State/Zip Code				E-mail Address
	Name	Title	Social Security No.	% of Ownership	Home Phone No.
	Home Address/City/State/Zip Code				E-mail Address
EQUIPMENT VENDOR	Business Name		Contact	Phone No.	
	Business Street Address/City/State/Zip		E-mail Address	Fax No.	
DESCRIBE EQUIPMENT	Where will equipment be located ?				Credit Requested \$
Quantity	Make and Model	NEW EQUIPMENT: _____ OR		USED EQUIPMENT: _____	
KEY TERMS	Lease Term (check box) <input type="checkbox"/> 24 Months <input type="checkbox"/> 36 Months <input type="checkbox"/> 48 Months <input type="checkbox"/> 60 Months				
REFERENCE	Bank	Account Number:	Contact	Phone No.	

Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes you, to whom this application is made, or your agents or assigns, to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim, which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

All approvals are subject to the verification of time in business and a complete description of the equipment. Each signer will submit a copy of his or her driver's license.

<u> X </u>	_____	_____	_____
Signature		Signer's Printed Name	Date
<u> X </u>	_____	_____	_____
Signature		Signer's Printed Name	Date

(Version 1.0 01/02)

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ECOA NOTICE (TO BE RETAINED BY APPLICANT)

Thank you for your business credit application. We will review it carefully and get back to you promptly. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain that statement, please contact us within 60 days from the date that you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of your request for the statement. NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers our compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

Mark Kasal: (949) 936-2912