

Lease Application

Two Ways to Apply

1. Click "Submit" to Email Application to FirstCorp, or:
 2. Fax Completed Application to: 847-324-1539
- Questions? Call Kevin Collins at 847-324-1538. 8700 Waukegan Rd, Suite 100 Morton Grove, IL

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"/>	<input type="text"/>
Billing Address		City	County	State Zip
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 Contact Fax
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 Federal ID Number
<input type="text"/>				
Nature of Business				

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	Home Phone Number
OWNER 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name	Title	Percentage of Ownership	Social Security Number
OWNER 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Home Address	City	State Zip	Home Phone Number

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	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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