

FINANCIAL PACIFIC

LEASE APPLICATION PLEASE TYPE OR PRINT

Toll Free Fax (877)301-7033 Phone (800)447-7107

Direct@finpac.com

Please forward the completed lease application via fax to 877-301-7033 or via email to Direct@finpac.com

LESSEE							
NAME OF COMPANY			DBA NAME			DATE BUSINESS ESTABLISHED	
BILLING ADDRESS		CITY		STATE	ZIP		
EQUIPMENT LOCATION ADDRESS		СІТҮ		STATE	ZIP		
BUSINESS PHONE		CONTACT PERSON			TITLE		
CELL PHONE		EMAIL ADDRES	S			WEBSITE	
NATURE OF BUSINESS	FEDERAL II	O NUMBER		UBI NUMBER		ORPORATION ROPRIETORSHIP	PARTNERSHIP LLC NON PROFIT

REQUIRED FOR ALL CORPORATIONS, LLC'S, LLP'S, LIMITED PARTNERSHIPS, AND NON-PROFITS.

STATE OF ORGANIZATION	ORGANIZATIONAL/ CHARTER ID NUMBER
	1

PRINCIPALS (All principals listed below must sign application)

NAME		TITLE	% OF OWNERSHIP	SSN
HOME ADDRESS	CITY	STATE	ZIP	PHONE
NAME		TITLE	% OF OWNERSHIP	SSN
HOME ADDRESS	CITY	STATE	ZIP	PHONE
NAME		TITLE	% OF OWNERSHIP	SSN
HOME ADDRESS	CITY	STATE	ZIP	PHONE

INSURANCE COMPANY

INSURANCE COMPANY	AGENT	PHONE

EQUIPMENT DESIRED (Attach separate list if necessary)

DESCRIPTION					TOTAL COST
NO. OF UNITS	MODEL NUMBER	CONDITION NEW 🗌 USED 🔲	YEAR MANUFACTURED		MANUFACTURER
VENDOR/SUPPLIER N	NAME	CONTACT		PHONE	INTANGIBLE COST (INSTALLATION, DELIVERY, SOFTWARE)

BANK REFERENCES

NAME OF BANK	ACCOUNT #	PHONE	CONTACT
TRADE REFERENCES			
NAME OF SUPPLIER	ACCOUNT #	PHONE	CONTACT

The undersigned individual who is either a principal, a personal guarantor or a sole proprietor of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents and authorizes Financial Pacific Leasing or its designee the use of a consumer credit report on the undersigned, from time to time as may be needed.

X			X		
Signature	Title	Date	Signature	Title	Date
X			X		
Signature	Title	Date	Signature	Title	Date