

*Fidelity Leasing*

**beverly@fidelityleasing.biz**

**Please complete and fax to: 206-350-5595**

**452 E. Silverado Ranch Blvd., Suite #315**

**Las Vegas, Nevada 89183**

**702-291-8857**

Equipment Cost  
\$

Term in months  
24  36  48  60  Other \_\_\_\_\_

Buyout  
\$1.00  FMV  Other \_\_\_\_\_

**COMPANY INFORMATION**

Business Name	Federal Tax I.D. Number
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Address	City	State	Zip
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Business Phone Number	Fax Number	Total Years under current ownership	Company Type Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Other _____
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Equipment Location (if different)	Type of Industry	e-mail address
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**OWNER / OWNERS PERSONAL PROFILE**

Name	Social Security Number	Date of Birth	% Ownership	Company Title
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Home Address	City	State	Zip	Home Phone
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Name	Social Security Number	Date of Birth	% Ownership	Company Title
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Home Address	City	State	Zip	Home Phone
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Name	Social Security Number	Date of Birth	% Ownership	Company Title
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Home Address	City	State	Zip	Home Phone
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**BANK REFERENCES – FIVE YEAR HISTORY**

Name of Bank/Branch	City/State	Checking Acct. #	Telephone #	Contact Officer
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Name of Bank/Branch	City/State	Checking Acct. #	Telephone #	Contact Officer
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**TRADE REFERENCES – (Suppliers, Net 30 Day accounts, etc.)**

Name	City/State	Account #	Telephone #	Contact Person
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Name	City/State	Account #	Telephone #	Contact Person
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Name	City/State	Account #	Telephone #	Contact Person
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**FINANCE REFERENCES**

Name	City/State	Account #	Telephone #	Contact Person
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Name	City/State	Account #	Telephone #	Contact Person
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**EQUIPMENT INFORMATION**

Description	New <input type="checkbox"/> Used <input type="checkbox"/>
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Vendor Name	Vendor Address	Contact Name
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The undersigned certifies that the information provided in this application, attached financial statements and supporting schedules both printed and written, gives a full, true and complete statement of the financial condition of the undersigned as of the date indicated. Lessor is authorized to conduct a credit investigation using any and all information provided for commercial/leasing credit.

X Authorized officer, Partner or Proprietor	Title	Date
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## Credit Authorization Form

Thank you for your application. Due to a recent Federal Trade Commission ruling, we are required to have credit release signatures from all guarantors and principals on commercial equipment lease transactions. Please have the principals, sign and date this form and return to us so we may complete your request.

The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under Fair Credit Reporting ACT in the absence of this continuing consent.

Signature _____ <b>(Business owner, Principals or Guarantors ONLY)</b>	Date _____
Print Name:	
Home Address, City, State, Zip:	
Social Security #:        -    -	

Signature _____ <b>(Business owner, Principals or Guarantors ONLY)</b>	Date _____
Print Name:	
Home Address, City State, Zip:	
Social Security #:        -    -	

Signature _____ <b>(Business owner, Principals or Guarantors ONLY)</b>	Date _____
Print Name:	
Home Address, City State, Zip:	
Social Security #:        -    -	