



# BUSINESS LEASE APPLICATION

(Incomplete information may cause delays. Please complete in full.)

BUSINESS PROFILE					
LEGAL NAME OF BUSINESS				TAX ID #	
STREET ADDRESS		CITY	COUNTY	STATE	ZIP CODE
MAIL ADDRESS		CITY	COUNTY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	CELL PHONE NUMBER	E-MAIL ADDRESS		
BUSINESS STRUCTURE Proprietorship    Partnership    Corporation    LLC    Other			DATE ESTABLISHED	GROSS ANNUAL SALES	
HOW LONG UNDER PRESENT MGMT	NUMBER OF EMPLOYEES	Has the business ever been in receivership or declared bankruptcy during the last 7 years? Yes                      No			
DESCRIPTION OF BUSINESS					

BUSINESS OWNER INFORMATION – ALL OWNERS OF 25% OR MORE OF COMPANY – Attach additional sheet if more than two					
NAME	SOCIAL SECURITY NUMBER	OWNERSHIP %	DATE OF BIRTH	HOME PHONE NUMBER	
STREET ADDRESS		CITY	COUNTY	STATE	ZIP CODE
TITLE	YEARS WITH COMPANY	NET WORTH EXCLUDING VALUE OF COMPANY	ANNUAL INCOME		
NAME	SOCIAL SECURITY NUMBER	OWNERSHIP %	DATE OF BIRTH	HOME PHONE NUMBER	
STREET ADDRESS		CITY	COUNTY	STATE	ZIP CODE
TITLE	YEARS WITH COMPANY	NET WORTH EXCLUDING VALUE OF COMPANY	ANNUAL INCOME		

BANK REFERENCES				
BANK NAME	BRANCH	ACCOUNT NUMBER	CONTACT PERSON	12 MONTH AVG BALANCE

BUSINESS CREDIT / TRADE REFERENCE					
NAME & ADDRESS OF CREDITOR	PHONE NUMBER	ACCOUNT NUMBER	HIGHEST BALANCE	CURRENT BALANCE	MONTHLY PAYMENT

LEASE REQUEST				
AMOUNT \$	# OF MONTHS	RATE FACTOR	PURCHASE OPTION ___ \$1.00 Buyout    ___ % Residual    ___ Fair Market Value	ESTIMATED PAYMENT \$
EQUIPMENT TO BE LEASED (MAKE, MODEL, SERIAL #)				
STREET ADDRESS EQUIPMENT TO BE LOCATED			COUNTY	___ Inside City Limits    ___ Outside City Limits

VENDOR INFORMATION			
NAME	CONTACT PERSON	PHONE NUMBER	FAX NUMBER

DECLARATION AND AUTHORIZATION	
I/We apply to First Citizens Bank (the "Bank") for the credit described above and certify that the information provided herein is, to the best of my/our knowledge, true, complete, and correct. I/We understand that the information will be used by the Bank to determine credit worthiness. I/We authorize the Bank to make credit inquiries in connection with this credit application and report our credit experience to credit bureaus and other persons. I/We also authorize all such persons or entities the Bank contacts to respond completely to such inquiries.	
Signature _____	Date _____
Title _____	

