

**All Capital Sources**  
**Equipment Leasing Application**

510-581-1768- Office  
510-331-4280 -  
Alternative

Josephine@allcapitalsources1.com

[www.allcapitalsources.com](http://www.allcapitalsources.com)

Legal Name of Company \_\_\_\_\_

Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Date of Incorporation \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_

Federal ID No. \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

( ) Sole Prop. ( ) LLC ( ) Partnership ( ) S or C Corp.

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_ e-mail \_\_\_\_\_

Bankruptcy \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ Date \_\_\_\_\_

**BANK NAME**

**(exact branch)**

Account Number	Checking/Savings, Loan	Contact	Phone/Fax Number
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1. # \_\_\_\_\_

2. # \_\_\_\_\_

**Personal**

Owner/Signator/Title \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

SS# \_\_\_\_\_ Birthdate \_\_\_\_\_ Phone# \_\_\_\_\_

Owner/Signator/Title \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

SS# \_\_\_\_\_ Birthdate \_\_\_\_\_ Phone# \_\_\_\_\_

FINANCED/LEASED EQUIPMENT	Account Number	Phone/Fax Number	Contact Name
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**INSURANCE AGENT** (Name, address and phone #)

EQUIPMENT DESCRIPTION	Estimated Payment	Cost (Equipment cost excluding tax)	Term
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VENDOR	Address	Contact Name	Phone/Fax Number
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1. \_\_\_\_\_

2. \_\_\_\_\_

I authorize All Capital Sources, Associated Leasing, and its Affiliates to obtain such information as you may require concerning the statements contained in this application, and agree that the application shall remain your property, whether or not the lease is granted. I hereby certify that all statements contained in this application are true and complete and are made for the purpose of obtaining credit. I agree to notify you of any material changes in the condition of affairs, and this statement shall be construed by you to be a continuing statement of release of credit information to the Lessor/Lessor's Bank.

By : \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_