

All Capital Sources
Equipment Leasing Application

510-583-9800- Office
510-583-9805- Fax

submit@allcapitalsources.com
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

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

INSURANCE AGENT (Name, address and phone #)

EQUIPMENT DESCRIPTION Estimated Payment Cost (Equipment cost excluding tax) Term

VENDOR Address Contact Name Phone/Fax Number

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: _____