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### EQUIPMENT LEASE APPLICATION

Requested Facility Size: \$ \_\_\_\_\_ Projected Annual Sales: \$ \_\_\_\_\_  
Referred by: \_\_\_\_\_ Current Amount of Open A/R: \_\_\_\_\_

#### GENERAL BUSINESS INFORMATION

Legal Name(s) of Business: \_\_\_\_\_  
Trade Name(s) of Business: \_\_\_\_\_  
Business Description: \_\_\_\_\_  
Intended Use of Proceeds: \_\_\_\_\_  
Primary Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Alt Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Phone Number: \_\_\_\_\_ Legal Form of Business: \_\_\_\_\_  
Business Fax Number: \_\_\_\_\_ State of Organization: \_\_\_\_\_  
Federal Tax ID#: \_\_\_\_\_ Date of Foundation: \_\_\_\_\_  
Website: \_\_\_\_\_  
Primary Business Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Secondary Business Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

#### BANKING DETAILS

Bank Name: \_\_\_\_\_ Years with Bank: \_\_\_\_\_ Account #: \_\_\_\_\_  
Bank Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Bank Contact: \_\_\_\_\_ Bank Tel #: \_\_\_\_\_

#### OWNER/OFFICER/PARTNER INFORMATION

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security # \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Ownership %: \_\_\_\_\_  
Position: \_\_\_\_\_ DOB: \_\_\_\_\_ Home Tel #: \_\_\_\_\_ Cell Tel #: \_\_\_\_\_  
Prior Addresses Within Last 10 Years: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security # \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Ownership %: \_\_\_\_\_  
Position: \_\_\_\_\_ DOB: \_\_\_\_\_ Home Tel #: \_\_\_\_\_ Cell Tel #: \_\_\_\_\_  
Prior Addresses within Last 10 Years: \_\_\_\_\_  
\_\_\_\_\_

#### TRANSACTION DETAILS (Info on Vendor, Equipment Description, Equipment Price, etc.)

Vendor: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Equipment Desc: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Lease Term: \_\_\_\_\_

**COMPANY LEGAL AND OPERATING CONDITION**

Are any UCC's on File with A/R as Collateral? Y / N

If Yes, Explain: \_\_\_\_\_

Are there any delinquent Federal, State or Payroll taxes? Y / N

If Yes, Explain: \_\_\_\_\_

Has the Company/Principals ever filed Bankruptcy? Y / N

If Yes, Explain: \_\_\_\_\_

Are there any Judgments/Liens against the Company or any Owner/Officer? Y / N

If Yes, Explain: \_\_\_\_\_

AUTHORIZATION TO OBTAIN INFORMATION We authorize Biz Capital Resource to obtain whatever information regarding employment, bank accounts, and/or outstanding credit (mortgage, auto, personal, home improvement, charge cards, credit unions, etc.) that BIZ CAPITAL RESOURCE deems to be necessary in connection with this application or in the course of review or collection, of any credit extended in reliance on this application. We authorize and instruct any consumer credit agency, commercial credit reporting agency, business or person to compile and furnish to BIZ CAPITAL RESOURCE any such information regarding us or our business(es) as may be requested by BIZ CAPITAL RESOURCE and agree that such information, along with this application, shall remain BIZ CAPITAL RESOURCE's property whether or not the application is approved. This authorization will be valid for a period of two years from the date below or as long as the applicant has an outstanding balance with BIZ CAPITAL RESOURCE. A photocopy of this authorization will be valid as the original. We authorize Biz Capital Resource to verify or check any of the information given, including credit references and employment and to obtain credit bureau reports as Biz Capital Resource deems necessary. We hereby authorize BIZ CAPITAL RESOURCE to record UCC1 financing statements in any jurisdiction which it deems appropriate. The statements made in and documents attached to this application are true and accurate. We sign this application under penalty of perjury. We acknowledge that BIZ CAPITAL RESOURCE will rely on this information to provide money to us. Each of the undersigned has read this application and the documents attached to it and are authorized to sign in their respective positions set forth below. If you have forwarded this application to us electronically, this will act as your signature and authorization to proceed with our analysis. If you wish to add your electronic signature, please proceed to the non-required signature fields below.

Principal Name: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Principal Name: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Submit via Email to [bcr@bizcapitalresource.com](mailto:bcr@bizcapitalresource.com)