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verns@capitoleasing.com

EQUIPMENT FINANCE APPLICATION

CUSTOMER (EXACT LEGAL NAME)		EQUI		DBA	LICATI	UN				
PRIMARY BUSINESS STREET ADDRESS (NO P.O. BOXES)				CITY STATE			ZIP	ZIP FEDERAL TAX ID NO./ EIN		
								(REQUIREI))	
HONE NO.	CELL NO.			FAX NO.			EMAIL	EMAIL		
NESS DESCRIPTION (DETAIL BUSINESS ACTIVITIES—WHAT DOES YOUR COMPANY DO?)			COMPANY DO?)	YEARS IN BUSINESS				PREVIOUS YEAR GROSS ANNUAL SALES (REQUIRED)		
CORP SUBS PARTNER			SHIP LLC	$\Box = GOV'$		TAX EXEMPT	NO. (ATTACH CER	TFIICATE)		
UIPMENT LOCATION STREET ADDRESS (NO P		KOPKIETOK				COUNTY		STATE	ZIP	
BILLING ADDRESS (IF DIFFERENT THAN ABOVE)				СІТҮ				STATE	ZIP	
WNERSHIP INFORMATI		d for each ow	non (Solo Propriote	n or Monoging	Dortnor of De	ntnonchin) wi	th on aquity into	rost of 25% or a	more and each	
arantor as well as any one individual with a			ge or control the er		dum if needeo	d.	th an equity inter	_		
DWNER / PARTNER / MEMBER / GUARANTOR #1			TITLE		SOCIAL SECURITY NO.			% OWNED	DATE OF BIRTH	
HOME STREET ADDRESS			CITY			STATE	ZIP	HOME PHO	DNE / CELL	
OWNER / PARTNER / MEMBER / GUARANTOR #2			TITLE		SOCIAL SECURITY NO.			% OWNED	DATE OF BIRTH	
						STATE				
IOME STREET ADDRESS			CITY				ZIP	HOME PHO	NE / CELL	
SANK AND SECURED LOA	CONTACT	EASE KI	EFERENCE	PHONE NO		for additional		UNT NO.		
ENDOR INFORMATION										
VENDOR NAME & ADDRESS				CONTACT / EMAIL			PH/CELL			
QUIPMENT DESCRIPTIO	ON / TER								ım.	
EQUIPMENT DESCRIPTION PRICE			QUIPMENT DESIGNA NEW US			TERM	END-OF-TERM (_	FMV 🗌 EFA	
COA NOTICE: DISCLOSURE OF RIGHT TO	O REQUEST S	SPECIFIC REA	SONS FOR CRED	IT DENIAL GIV	EN AT TIME	COF APPLICA	TION (BUSINES	S CREDIT). If	your application for busine	
COA NOTICE: DISCLOSURE OF RIGHT TO dit is denied, you have the right to a written staten our decision. We will send you a written staten scriminating against credit applicants on the basis plicant's income derives from any public assistance s law concerning the creditor is the Federal Deposi	e program; or be	for the denial w religion, nation ecause the applic	ithin 30 days of rece al origin, sex, marita ant has in good faith	iving your request l status, age (pro exercised any right	t for the staten vided the applic at under the Con	nent. Notice: T cant has the cap sumer Credit Pi	The federal Equal C bacity to enter into rotection Act. The f	a binding contra ederal agency tha	Act prohibits creditors fr ct); because all or part of t administers compliance w	
s law concerning the creditor is the Federal Deposi EPORTING AND NEGATIVE INFORMATIO										
ur credit report.			•							
EPRESENTATIONS, AUTHORIZATIONS, Al rsonal, family, or household purposes and the ap thorize bank and its affiliates, and third parties act d bank accounts and to obtain credit reports and nnection with this application or any credit provi garding this application or your credit experience,	plicant agrees t ing for or on be other credit in ded to you by u	hat consumer cr half of bank, and formation from us and the admin ding and any cr	redit laws shall not a l any assignees or tra any credit reporting nistration of our cont edit reports financial	pply. The applica nsferees of any cr agency or credit racts with you ar	nt and each ow edit extended to grantor. You d as otherwise rganizational do	vner signing thi you by bank (c authorize us to required or per	s application, and ollectively, "we" of hold, use, exchang mitted by law, incl	each guarantor (("us"), to check e and disclose in uding without lin	collectively, "you" or "you credit information, reference iformation obtained by us mitation any of the forego	
CPA NOTICE: You agree that Bank, Bank affilia nsent to Bank, Bank affiliates, agents and service ificial voice messages, text messages, e-mails an u provide to us at any time, including a number fo		• •	1				sure the quality of s not limited to, contailers may do so usin	service or for othe act by manual ca g any e-mail add	er reasons. You also expres lling methods, prerecorde lress or any telephone nur	
DIVIDUAL AUTHORIZATION: By signing b d review his/her personal consumer report from a ll provide you with the name and address of the pe										
y signing this application, the undersignth this application is true, correct and	ned confirm complete, a	ns that the un and authorize	ndersigned has r es bank to rely o	ead and unde n and use it to	rstands this evaluate th	application is applicatio	and that the in on.	formation pr	ovided in connection	
APPLICANT/AUTHORIZED SIGNO	OR #1	TITLE	DATE	APPLIC	CANT/AUTI	HORIZED S	SIGNOR #2	TITLE	DATE	
APPLICANT/AUTHORIZED SIGNO	OR #3	TITLE	DATE	APPLIC	CANT/AUTI	HORIZED S	SIGNOR #4	TITLE	DATE	