



31726 Rancho Viejo Road, Suite 205  
San Juan Capistrano, California 92675  
kurtf@pacific-capital.com  
lindac@pacific-capital.com

## Equipment Lease Application

Kurt Feddersohn, Account Manager - Ext. 234

Linda Cone, Processor - Ext. 230

800.800.8081 Toll free  
949.727.3722 Facsimile

### Company Information

Company Name		Telephone		Ext.	FAX
Billing Address		City		State	Zip
Contact Person	Title		Federal Tax ID Number		Time Under Current Ownership
Nature of Business			State Incorporated		Annual Revenue
Company Website		E-mail address			
Physical Equipment Location (if different from above)	City	State	Zip	Type of Business <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLC

### Principal Information

Principal #1 Name	Title		Ownership %	Social Security Number
Home Address	City	State	Zip	Home Phone
Principal #2 Name	Title		Ownership %	Social Security Number
Home Address	City	State	Zip	Home Phone

### Banking Relationships

Name of Bank/Branch	How Long?	Account Number	Telephone	Contact Person
Name of Bank/Branch	How Long?	Account Number	Telephone	Contact Person

### Trade Relationships / Lease & Loan References

Term Debt/Leases	City	State	Account Number	Telephone	Contact Person
Term Debt/Leases	City	State	Account Number	Telephone	Contact Person
Trade Reference	City	State	Account Number	Telephone	Contact Person
Landlord/Mortgage Holder Business Location	City	State	Zip	Telephone	Contact Person

### Equipment Information

Vendor Name	Vendor Telephone	Vendor Fax	Contact person		
Address	City	State	Zip	Total equipment Cost \$	
Description of Equipment <input type="checkbox"/> New <input type="checkbox"/> Used	Model Year (if used)				

### Requested Terms

Number of Months:	<input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60	Budgeted Payment? \$
Purchase Option:	<input type="checkbox"/> \$1 buy-out <input type="checkbox"/> 10% <input type="checkbox"/> FMV	

Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

**Please Fax to  
(949) 727-3722**

Lessee certifies that all credit and financial information is true and correct and authorizes Lessor and/or any prospective assignee/creditor to investigate Lessee's credit worthiness and disclose information and investigation results to each other. Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for the purpose of update, renewal or the extension of such credit or additional credit and for reviewing and collecting the resulting account. I understand that I have the right to a written statement of reasons if my application is declined and I ask for such a statement. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, creed, sex, or marital status. Lessee gives permission to lessor to transmit this application via the internet, if such transmission is required as part of the application process.



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## Credit Authorization

**Kurt Feddersohn, Account Manager - Ext. 234**  
**Linda Cone, Processor - Ext. 230**

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By signing below, the undersigned individual, who is either a principal of the credit applicant or a guarantor of it's obligations, provides this written instruction to Pacifica Capital, it's nominees or assigns, authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for the purpose of update, renewal or the extension of such credit or additional credit and for reviewing and collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm our identity as the respective individuals identified in the related application.

Applicant: \_\_\_\_\_

Print Name:			
Signed:		Date:	
Title:		Social Security #:	

Print Name:			
Signed:		Date:	
Title:		Social Security #:	

Note: Use full legal name(s). Signature(s) must be only those duly authorized corporate officer, partner or proprietor, with title indicated.

This authorization also permits Pacifica Capital to obtain personal bank checking and/or loan account ratings if provided by applicant.