



31726 Rancho Viejo Road, Suite 205
San Juan Capistrano, California 92675
<http://www.pacifica-capital.com>

Equipment Lease Application

Amy Spragg, ext. 231
800.800.8081 Toll free
949.727.3711 Telephone
949.727.3722 Facsimile
amys@pacifica-capital.com

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 %	Cell Phone		Home Phone	
Home Address			City		State	Zip	Social Security Number		
Principal #2 Name			Title		Ownership %	Cell Phone		Home Phone	
Home Address			City		State	Zip	Social Security Number		
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 or receive program updates via the internet, if such transmission is required as part of the application process.



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By signing below, the undersigned individual, who is either a principal of the credit applicant or a guarantor of its obligations, provides this written instruction to Pacifica Capital, its 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.