



Application for Equipment Financing

Business

Exact Legal Business Name _____ Phone Number _____ Fax Number _____

Billing Address _____ City _____ State _____ Zip Code _____

Equipment Address _____ City _____ State _____ Zip Code _____
(If different than billing)

Type of Business _____ Federal Id # _____ County _____

Business Age (in years) _____ Years Owned by Current Owner _____ Annual Sales _____ Number of Employees _____

Primary Contact Name _____ Phone _____ Ext. _____ Fax _____

Title _____ Mobile _____ Email _____ Website _____

Business Structure: Proprietorship Corporation LLC Partnership Other

Ownership

Principal's Name _____ Title _____ SSN _____ Phone _____

Home Address _____ City _____ State _____ Zip Code _____ % Ownership _____

Principal's Name _____ Title _____ SSN _____ Phone _____

Home Address _____ City _____ State _____ Zip Code _____ % Ownership _____

Bank _____ City _____ State _____ Contact Name _____ Phone _____

Equipment

Equipment Description _____ Manufacturer: _____

Term: 24 month 36 month 48 month 60 month Prepayment Penalty: yes no

Equipment Cost _____ Down Payment Amount _____

I Agree I hereby authorize FESCO Direct LLC to submit this application to one or more 3rd party leasing companies. I authorize FESCO Direct, 3rd party companies selected by FESCO Direct or any credit bureau or other investigative agency employed by any company qualifying this application for credit worthiness to investigate the references herein listed or statements or other data obtained from me or from the person pertaining to my credit and financial responsibility.

Signature/Title: _____ Date: _____

Signature/Title: _____ Date: _____

Complete and return this document to: Jeremy Doering, Finance Manager



(702) 423-8127



Jeremy@fescodirect.com



(888) 858-3421