



Equipment Lease Application

31726 Rancho Viejo Road, Suite 205,
San Juan Capistrano, California 92675
www.pacifica-capital.com

949.727.3711 Telephone
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 | | Organization ID# | | |
| 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.



Credit Authorization

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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.