



EQUIPMENT TO BE FINANCED • AND DESIRED TERMS

Description of Equipment: _____ Cost: \$ _____
Vendor: _____ Contact: _____ Phone: _____
Term: 24 Mo. 36 Mo. 48 Mo. 60 Mo. _____ Mo. Purchase: \$1.00 10%

GENERAL INFORMATION

LEGAL Business Name: _____ Tax ID #: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Fax #: _____ Time In Business: _____ # of Employees: _____
Type of Business: _____ email _____
Check One: Non-Profit Proprietorship Partnership Corporation LLC

PERSONAL

Name of Signor/Guarantor: _____ SS#: _____ Ownership% _____ Title: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Name of Signor/Guarantor: _____ SS#: _____ Ownership% _____ Title: _____
Home Address: _____ City: _____ State: _____ Zip: _____

BANKING

Bank Name: _____ Phone: _____ Fax: _____
Contact: _____ Account #: _____
Bank Name: _____ Phone: _____ Fax: _____
Contact: _____ Account #: _____

TRADE REFERENCES

Trade Name: _____ Phone: _____
Contact: _____ Account #: _____
Trade Name: _____ Phone: _____
Contact: _____ Account #: _____
Trade Name: _____ Phone: _____
Contact: _____ Account #: _____

PAST &/OR PRESENT LEASES &/OR LOANS

Lender Name: _____ Phone: _____
Contact: _____ Account #: _____
Lender Name: _____ Phone: _____
Contact: _____ Account #: _____

SIGNED AUTHORIZATION

I hereby authorize First City Bancorp, and/or it's assignee(s) to make whatever inquiries they consider necessary and appropriate for the purposes of evaluating this credit application. I authorize any person(s) or entity to release such information to First City Bancorp et al. as they may request.

Signature: _____ Title: _____ Date: _____