

CAP LEASING APPLICATION

Ph: 805-493-5800 Fax: 805-493-5844
P.O. Box 19311 Newbury Park, Ca. 91319

Business Name: _____ Ph: # _____

Street Address: _____ Contact: _____

Billing Address: _____ Busines Start Date: _____

Industry: _____ Sole Prop: _____ Partnership: _____ Corp: _____

Fed Tax ID #: _____ # of Employees: _____

Insurance Co.: _____ Agent: _____ Ph: # _____

Principals Name: _____ Title: _____

Ownership %: _____ Social Security #: _____

Home Ph #: _____ Own or Rent Home: _____

Bank: _____ Officer: _____ Ph: # _____

Checking Account #: _____

Trade References: _____ Ph: # _____

Account #: _____ Terms: _____

Trade References: _____ Ph: # _____

Account #: _____ Terms: _____

Trade References: _____ Ph: # _____

Account #: _____ Terms: _____

Vendor: _____ Contact: _____ Ph: # _____

Address: _____ City: _____

Equipment Type: _____

Price: _____ Sales Tax: _____ Delivery: _____ Total: _____

Terms Requested: Circle One: 12 24 36 Months

Completion of this credit application hereby grants CAP LEASING or it's assignee's permission to obtain all necessary information related to the credit evaluation of the business and / or principals of the business and / or principals of the business.

Date: Signature: Title: Drivers License #