



BANKERS CAPITAL

Equipment Leasing and Financing

203 South West Cutoff,
 Nothborough, MA 01532
 Phone: 888-Lease69
 508-351-6000
 Fax: 508-351-6095
 info@bankers-capital.com

CREDIT APPLICATION

COMPANY INFORMATION:

Company Name: _____ Phone Number: _____
 Street Address: _____ Fax Number: _____
 City: _____ State: _____ Zip Code: _____
 Contact: _____ Title: _____ Phone Number: _____
 Email Address: _____ Cell Phone Number: _____

BUSINESS INFORMATION

Check One: () Corporation () Partnership () Proprietorship () LLC () Other _____
 Years in Operation: _____ Nature of Business: _____ Federal ID#: _____
 President/CEO: _____ Treasurer/Controller: _____

PRINCIPAL INFORMATION

Owner's Name: _____ Social Security Number: _____
 Home Address: _____
 Home Phone Number: _____ Percentage of Ownership: _____
 Owner's Name: _____ Social Security Number: _____
 Home Address: _____
 Home Phone Number: _____ Percentage of Ownership: _____

BANK INFORMATION

Name of Bank: _____ Phone: _____ Fax: _____ Contact: _____
 Checking Account No.: _____ Loan Account No.: _____
 Name of Bank: _____ Phone: _____ Fax: _____ Contact: _____
 Checking Account No.: _____ Loan Account No.: _____

TRADE REFERENCES

Name of Supplier: _____ Contact: _____
 Phone No.: _____ Fax No.: _____
 Name of Supplier: _____ Contact: _____
 Phone No.: _____ Fax No.: _____

AUTHORIZATION TO RELEASE INFORMATION:

I hereby certify that the information contained in this application is true and accurate to the best of my knowledge and authorize all deposit, borrowing and credit bureau information to be released by phone or fax. Customer understands and specifically consents that the information given to Lessor may be transmitted to a third party funding sources via the Internet, that information transmitted via the Internet may be accessible by unintended third parties, that the information is submitted at the Customer's own risk, and that the Lessor's customer has waived any right to direct, indirect, consequential or punitive damages arising out or associated with/of the submission, transmission, interception, use or misuse of the application or the information contained in the application. I/We hereby authorize you or your agents, to investigate my/our credit worthiness and will provide financial statements, tax returns etc., as you deem necessary.

Applicant Signature: _____ Applicant Signature: _____

Equipment Information:

Vendor/Dealer Name: _____ Contact: _____ Phone Number: _____
 Equipment Description: _____ New () Used () Equipment Cost \$ _____



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Authorization to Obtain Consumer Credit Report

The undersigned individual(s) being either a principal or guarantor of the credit applicant listed below grants to LaChance Financial Services, Inc., its agents and assigns continuing authority to access, review and update, from time to time, my personal credit including personal credit bureau reports.

A facsimile copy of this authorization shall be valid as the original.

All financial providers including banks, brokerage houses, mortgage and other lenders are hereby directed and authorized to release to LaChance Financial Services, Inc., its agents and assigns, via phone or fax as your policy dictates, any and all information pertaining to any account I may hold with such provider.

Credit Applicant: _____

Signature: X _____

Print Name: _____ Date: _____

Signature: X _____

Print Name: _____ Date: _____

Signature: X _____

Print Name: _____ Date: _____