



FIDELITY CAPITAL

Financial Solutions for a World of Opportunities

COMPANY INFORMATION										
Legal Company Name:							DBA			
Company Address:										
City			State			Zip				
Main Company Phone					Fax					
Primary Contact:					Title			Cell Phone:		
Alternate Contact:					Title			Phone /Ext		
Entity Type (Check ONE) Sole Prop <input type="checkbox"/>				Corp. <input type="checkbox"/>		LLC <input type="checkbox"/>		LP <input type="checkbox"/>		
				Time In Business		Yrs.		Mos.	Fed ID#	
PERSONAL INFORMATION										
Officer Name				Title			SS#		Ownership %	
Own: <input type="checkbox"/> Rent <input type="checkbox"/>				City			State:		Zip	
Home Address:										
Officer Name				Title			SS#		Ownership %	
Own: <input type="checkbox"/> Rent <input type="checkbox"/>				City			State		Zip	
Home Address:										
BANK INFORMATION										
Bank Name			Account Number			Contact		Phone		
Bank Name			Account Number			Contact		Phone		
EQUIPMENT/VENDOR INFORMATION										
Vendor Name:				Contact			Phone		Fax	
Equipment Type:			Amount: \$		New <input type="checkbox"/> Used <input type="checkbox"/>		Time frame of Acquisition			
Lease Term in Months		12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/>		Purchase Option			\$1 <input type="checkbox"/> 10% <input type="checkbox"/>		Monthly Budget \$	
<p><i>By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application.</i></p>										
SIGNATURE:							PRINT NAME:			DATE:
SIGNATURE:							PRINT NAME:			DATE:
SIGNATURE:										