

FCBF Advisor Name:	
FCBF Advisor Phone:	
FCBF Advisor E-mail:	

Equipment Application

BUSINESS DETAILS

Business Legal Name/Owner Name:	Business DBA/Fictitious Name:
Business Physical Address (No PO Box):	Equipment address same as business address? If no, list equipment address: Yes No
City: State: Zip:	Legal Entity (check one): <input type="checkbox"/> Corp <input type="checkbox"/> Sole Prop <input type="checkbox"/> LLC <input type="checkbox"/> Partnership
Business Phone: Fax:	Business Start Date (month/year): Length of Ownership:
Business Owner Cell Phone: E-mail Address:	Tax ID: State of Incorporation:
Business Location: Do you own/rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent Monthly Pmt \$: Landlord/Mortgage Co:	Describe your Industry:
Business Landlord Contact Name: Landlord Phone: Lease Expires:	Business Website:

PRINCIPAL / BUSINESS OWNER DETAILS

Principal/Owner (1) Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Title:	% of Business Ownership:	Estimated Credit Score:
Address: Apt #:	City:	State:	Zip:
Phone: Mobile:	Social Security #:	Date of Birth:	
PRINCIPAL/OWNER #1 SIGNATURE: DATE:	Driver's License #:	CDL: <input type="checkbox"/> Yes <input type="checkbox"/> No	Years w/ CDL:
	Alternative E-mail Address:		
Principal/Owner (2) Name: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Title:	% of Business Ownership:	Estimated Credit Score:
Address: Apt #:	City:	State:	Zip:
Phone: Mobile:	Social Security #:	Date of Birth:	
PRINCIPAL/OWNER #2 SIGNATURE: DATE:	Driver's License #:	CDL: <input type="checkbox"/> Yes <input type="checkbox"/> No	Years w/ CDL:
	Alternative E-mail Address:		

By signing this Application, the owner(s) is duly authorized to sign on behalf of the business and bind the owner(s) to the terms and conditions set forth in the Loan/Lease/EFA Application and the Loan/Lease/EFA Agreement. FIRST CAPITAL BUSINESS FINANCE and its Partners will require all owners of the business to sign the application and any other documents that will be required to complete the transaction. The owner(s) certifies that all the information provided on the Application is true, correct and complete. By signing the application, the owner(s) authorizes FIRST CAPITAL BUSINESS FINANCE and its Partners to make whatever inquires it deems appropriate to investigate, verify or research statements or data obtained from the owner(s) for this Application. The owner(s) will immediately notify FIRST CAPITAL BUSINESS FINANCE and its Partners of any change in such information or financial condition. The owner(s) authorizes FIRST CAPITAL BUSINESS FINANCE and its Partners to disclose all information and documents that FIRST CAPITAL BUSINESS FINANCE and its Partners may obtain including credit reports to other persons or entities that may be involved with or acquire an interest in the Application as contemplated in the Loan/Lease Agreement.

FUNDING DETAILS

Estimated Cost of Equipment:	Average Gross Monthly Revenue:	Gross Annual Revenue:
Equipment Details (list the type of equipment, year, make, model, miles/hours):	If you are in transportation, how many trucks do you have in your fleet?	
Equipment Condition: <input type="checkbox"/> New <input type="checkbox"/> Used Seller: <input type="checkbox"/> Private Party <input type="checkbox"/> Vendor Down Payment: \$	Local Haul or OTR	Number of Locations:
Do you currently have a cash advance/working capital loan: <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had a previous bankruptcy: <input type="checkbox"/> Yes <input type="checkbox"/> No Discharge Date:	Have you had a vehicle repos? What vehicle? When? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>
Balance of current loan(s): \$ Lender Name:	Do you have any outstanding tax liens: <input type="checkbox"/> Yes <input type="checkbox"/> No Amt Owed \$	If pledging additional collateral, please list details:
Are you currently using a factoring company? <input type="checkbox"/> Yes <input type="checkbox"/> No Factoring Company Name:	Do you have any suits/judgements? <input type="checkbox"/> Yes <input type="checkbox"/> No Balance(s) owed: \$	

If you need help completing the application, please call your advisor. Their direct number is listed above.
Once completed, please make sure you sign & date the application. You can **fax** it to **(888) 762-0002**
If you don't have access to a fax machine, you can **text** it to **(888) 315-1552** or email it to your advisor.



Office: 888-315-1552 Fax: 888-762-0002
www.FirstCapitalBusinessFinance.com

FCBF Advisor Name:	
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Titled Vehicle Spec Sheet

OWNER NAME:	OWNER PHONE:	E-MAIL:
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VIN:	5 TH WHEEL: <input type="checkbox"/> STATIONARY <input type="checkbox"/> AIR SLIDE
YEAR:	NEW INTERIOR: <input type="checkbox"/> YES <input type="checkbox"/> NO
MAKE:	NEW PAINT: <input type="checkbox"/> YES <input type="checkbox"/> NO
MODEL:	NEW BUMPER: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ACRO <input type="checkbox"/> ACRO CHROME
EXTENDED HOOD: <input type="checkbox"/> YES <input type="checkbox"/> NO	WET KIT: <input type="checkbox"/> YES <input type="checkbox"/> NO
MILEAGE (ECM):	DUAL CHROME EXHAUST: <input type="checkbox"/> YES <input type="checkbox"/> NO
ENGINE MAKE:	DUAL AIR CLEANER: <input type="checkbox"/> STAINLESS <input type="checkbox"/> PAINTED
MODE:	DUAL FUEL TANKS: <input type="checkbox"/> YES <input type="checkbox"/> NO
HORSE POWER:	CAPACITY (GALLONS):
TRANSMISSION MAKE:	STAINLESS STEEL 11/4 FENDER: <input type="checkbox"/> YES <input type="checkbox"/> NO
MODE:	STAINLESS STEEL SUNVISOR: <input type="checkbox"/> YES <input type="checkbox"/> NO
AUTOMATIC:	ALUMINUM WHEELS: (FRONT) <input type="checkbox"/> YES <input type="checkbox"/> NO (REAR) <input type="checkbox"/> YES <input type="checkbox"/> NO
SLEEPER SIZE:	NEW TIRES: (FRONT) <input type="checkbox"/> YES <input type="checkbox"/> NO (REAR) <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE:	INTERIOR TYPE:
DUAL BUANKS: <input type="checkbox"/> YES <input type="checkbox"/> NO	INTERIOR COLOR:
A/C: <input type="checkbox"/> YES <input type="checkbox"/> NO	AERO SIDE EXTENDERS: <input type="checkbox"/> YES <input type="checkbox"/> NO
P/S: <input type="checkbox"/> YES <input type="checkbox"/> NO	ROOFING FAIRING TANK: <input type="checkbox"/> YES <input type="checkbox"/> NO
JAKE BRAKE: <input type="checkbox"/> YES <input type="checkbox"/> NO	FAIRING: <input type="checkbox"/> YES <input type="checkbox"/> NO
NEW CLUTCH: <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEEL TO WHEEL: <input type="checkbox"/> YES <input type="checkbox"/> NO
NEW BATTERIES: <input type="checkbox"/> YES <input type="checkbox"/> NO	OVERALL CONTION (SCALE FROM 1 TO 10):
WHEEL BATTERIES: <input type="checkbox"/> YES <input type="checkbox"/> NO	
WHEEL BASE:	
SUSPENSION FRONT: REAR:	SALE PRICE:

COMMENTS:

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