



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

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 inquiries 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** or email it to your advisor.