



COMPANY INFORMATION

Company's full legal name / DBA if applicable Federal ID #

Billing Address City County State Zip

Telephone # Mobile # Contact Person Title E-mail Address

Proprietorship Corporation Partnership Non-Profit Corporation Years under current ownership

PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS

Name Title % Ownership Social Security #
Home Address City State Zip Home Phone #

Name Title % Ownership Social Security #
Home Address City State Zip Home Phone #

VENDOR INFORMATION

Vendor's Name : Contact Telephone: Email Address

PAYMENT PLAN

Term in Months: (check one) Type of Lease (check one) Estimated Equipment Cost:
12 24 36 48 60 10% \$1.00 Buyout \$

EQUIPMENT TO BE LEASED (Attach separate list if necessary)

Description of project:

IF TOTAL AMOUNT TO BE LEASED IS \$25,0000 OR MORE PLEASE INCLUDE YOUR COMPANY'S LAST THREE BANK STATEMENTS

By providing the above information and my electronic signature below, the applicant(s) authorized Falcon Financial Services to whom this application is made or it's assigns to investigate my/our financial responsibility and credit worthiness for prequalification or to extend credit. I will provide financial statements, tax returns, etc. as deemed necessary. I/we authorize Falcon Financial Services to update my/our credit profile from time to time in the future as you deem appropriate

Signature _____ Date _____

Signature _____ Date _____

RETURN TO DPOLFLIET@FALCONFINANCIALSERVICES.NET OR FAX TO 320-774-1089

Falcon Financial Services. | 2 Second Ave South, Suite 160 | Sauk Rapids, MN 56379
320-774-1088 / fax 320-774-1089