

ACH Information: By completing the ACH section, we will be able to pay your invoice through an automated deposit into your account.

ACH Information		
Name on Account	Account Type	Account Number
Bank Name	ABA Routing Number	Bank Address
Bank Phone No.	Contact Person	



****Copy of Voided Check Required****

AUTHORIZATION, REPRESENTATIONS AND WARRANTIES

I hereby authorize and consent to First Capital Equipment Leasing Corporation and its assignees investigating and/or obtaining credit reports, employment history, trade-references and information regarding this application and any resulting accounts. If personal information has been provided, First Capital Equipment Leasing Corporation and its assignees has the right to obtain personal credit reports in connection with my request for credit for this new account, or when First Capital Equipment Leasing Corporation and its assignees reviews my account.

I authorize First Capital Equipment Leasing Corporation and its assignees and the above-mentioned financial institution to deposit all funds payable to me automatically to my checking account(s). I also authorize adjusting entries, as they may be required. I understand that Direct Deposit may be altered by providing three weeks written notice to First Capital Equipment Leasing Corporation and its assignees. I further certify that the information provided above is true.

I hereby warrant and represent that: (a) I have received a signed credit application from the perspective lessee, authorizing First Capital Equipment Leasing Corporation and its assignees to perform a credit check; and (b) to the best of my knowledge, the information provided in the credit application is not false, inaccurate or misleading.

Under penalties of perjury, I certify that: The Taxpayer Identification Number (TIN) on this form is correct; I am not subject to backup withholding due to failure to report interest and dividend income; and I at least 18 years of age, and a U.S. Citizen or permanent resident alien.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Facsimile signatures shall be deemed as fully enforceable valid signatures as if such signature were an original signature as of the date executed.

Signature	Print Name/Title	Date
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A signature is required for First Capital Equipment Leasing Corporation and its assignees to process your application.

For questions or assistance with this form, please call First Capital Equipment Leasing Corporation at 800-541-0114.

Please send completed form via fax: 800-403-3529.

Internal Use:

Vendor Code(s): Products: Progress Payment <input type="checkbox"/> Markets: Commercial <input type="checkbox"/> Consumer <input type="checkbox"/> Equipment: ATM <input type="checkbox"/> Bankcard <input type="checkbox"/> Computer <input type="checkbox"/> General Equipment <input type="checkbox"/> Sign <input type="checkbox"/>
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