



Questions Call 800-541-0114 x-17 • Submit To: [Linda@LeaseExperts.com](mailto:Linda@LeaseExperts.com) or Fax To: 508-833-6692

## RELIGIOUS ORGANIZATION CREDIT PROFILE

Name of Organization (Incorporation Name): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax #: \_\_\_\_\_ Website: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Are you incorporated? \_\_\_\_\_ If yes, what State? \_\_\_\_\_ Date Started: \_\_\_\_\_  
 Federal Tax ID #: \_\_\_\_\_ Sales Tax Exempt: Yes \_\_\_\_\_ Fax certificate \_\_\_\_\_  
 What is your national affiliation: \_\_\_\_\_ Number of members: Active \_\_\_\_\_ Contributing \_\_\_\_\_  
 Business structure governing body? (Deacons, Elders, Bishops, Board etc.) \_\_\_\_\_  
 Weekly collections: \$ \_\_\_\_\_ Current year's budget: \$ \_\_\_\_\_ Last year's budget: \$ \_\_\_\_\_  
 Number of Paid Employees: Full \_\_\_\_\_ Part Time: \_\_\_\_\_  
 Business/financial decision maker's name/title? \_\_\_\_\_ Title: \_\_\_\_\_  
 Mortgage holder name/phone number? \_\_\_\_\_ Phone: \_\_\_\_\_  
 Does the organization operate any other businesses here? \_\_\_\_\_

### REFERENCES

Bank account from which invoices will be paid. *(Fax the last 3 months bank statements)*

Bank Name: _____	Acct #: _____
Phone: _____	Contact: _____
Loan/Lease Ref: _____	Phone: _____
Contact: _____	Acct #: _____
Landlord/Mortgage Holder: _____	Email: _____
Contact: _____	Phone: _____

### EQUIPMENT AND TERMS

Equipment to be leased: \_\_\_\_\_ Amount of Request: \$ \_\_\_\_\_  
 Equipment Vendor: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Term in months: 24 36 48 60 Purchase Option: \$1.00 or 10% FMV Monthly Payment: \$ \_\_\_\_\_

### CREDIT AUTHORIZATION

**By signing below**, the undersigned individual (s), who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to First Capital Equipment Leasing Corporation or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau and/or from any bank or trade reference provided herein. 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 photocopy or facsimile copy of this authorization shall be valid as the original. I/we authorize First Capital Equipment Leasing Corp. to communicate with me/us using any fax numbers and email addresses provided. **Further, I/we affirm my/our identity as the respective individual/s identified in the above application and that all of the information contained herein is accurate, true, and complete.**

**Corporate Officer** Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Day Phone # \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Sign Here: \_\_\_\_\_

**For Quick Approval Include:** 1) Signed application, 2) Last 3 Months Bank Statements, 3) Tax Exempt Certificate, 4) Equipment Quote, 5) Signed Lease Quote

**If the Religious Organization does not have any or enough commercial credit for approval, or is established under 5 years ago, please have this form completed**

### Credit Release Authorization

I/we the undersigned individual as principal of and/or guarantor for the applicant represents that all information provided with this Application is true, correct and complete and hereby authorizes First Capital Equipment Leasing Corporation, (FCELC), its designee, assigns or potential assigns, to investigate my/our credit worthiness provided by a national credit bureau in considering or this Application and for the purpose of update renewal, or extension of credit to the Applicant or the collection of any resultant accounts. We will provide financial statements, tax returns, etc., as you deem necessary. The undersigned authorizes all deposit, borrowing, financial and trade information to be released to FCEL by telephone, email or fax. A photocopy or fax of this authorization shall be valid as the original. I/we further consent to receive communications from FCEL by fax or email. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain that statement, please contact us within 60 days from the date that you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of your request for the statement. NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers our compliance with this law is the Federal Reserve Bank of Chicago, 230 South LaSalle Street, Chicago, IL 60604-1413.

**Legal Organization Name:** \_\_\_\_\_

### Guarantor

<b>Individuals Name:</b> _____	<b>Social Security Number</b> _____
<b>Home Address:</b> _____	<b>Street Address</b> _____
_____	<b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____
<b>Work Number</b> _____	<b>Home Number</b> _____
<b>Cell Phone Number</b> _____	<b>Email Address</b> _____
<b>Signature</b> _____	<b>Title</b> _____