

# Instructions for Completing LCA's Credit Application

Financing you can trust.<sup>SM</sup>

Our Credit Application has been designed for easy completion; however, it is important to fill it out accurately to ensure prompt service. The following directions will help you, but if you have any questions, call **800.800.8098** and we will be happy to assist you.

### 1. Equipment/Cost Terms:

Enter the type of equipment, equipment cost and proposed term of the lease. LCA must have this information to start the credit decision process.

## 2. Vendor(Supplier) of Equipment:

Please provide the required Vendor information. LCA's representatives will contact the Vendor based on the information you submit. Double-check phone and fax numbers for accuracy.

#### 3. Applicant Company Information:

LCA will base its credit decision on this section of the application. Again, spelling and accuracy have great importance in determining the turnaround time on your application. Fully complete each section with the proper information.

#### 4. Personal Information of Guarantors:

This section authorizes LCA to verify personal credit information of your guarantors. Please have the personal guarantor(s) fill it out including Social Security and driver's license numbers.

#### 5. Company Bank References:

When possible, provide two bank references. Our credit decision is influenced by the bank's overall rating. You must include the account numbers and contact officer's name and telephone number of each bank. To avoid delays, the applicant should call the contact person at the bank and authorize the release of the required information to LCA.

#### 6. Trade References:

Our credit decision also will consider trade references. A company's payment history with its suppliers assists us in the decision. Please provide the names of two major suppliers, their addresses, phone numbers and contact persons. Accountants, lawyers or credit card accounts are not acceptable references.

Financing you can trust. SAA  The Federal Equal Credit Opportunity Act p	robibits creditors fr	om discriminating a	nainst credit appl	icants on th	e basis of race, co	E-ma	il: cre	ditfax@ .marital status.	ion to 800.736.0 Pleasecorp.c	
has the legal capacity to enter into a binding Consumer Credit Protection Act. The federa	contract), because a l agency that admis	ll or part of the applications with	ant's income deri h this law concers	ives from an ning this er	y public assistan ditor is the Feder	e program or becau al Trade Commissi	se the applicat on, Equal Cri	nt has, in good fi edit Opportunit	tith, exercised any right us s, Washington, D.C. 2058	
Equipment/Cost/Terms Type of Proposed Equipment		Iri	ent Cost	In	Town /Months	) Is the equipme	V T	nos Erros	se equipment been deliv	
Type or Proposed Equipment		Equipu	ien Cost	rroposed	remi (Month	New New	Use			
Vendor of Equipment (*	Supplier"									
Vendor Name		Cont	act Person			Telephone Nun	iber	1	Fax Number	
Vendor Address		City		State	: Zip Email Ad		5			
Applicant Company Inf	ormation									
Legal Company Name		D/B/	A			Signer Name &	Title			
Company Address				City		County		State	Zip	
Telephone Number	Fax Numb	4		Email					Business Start Date	
Nature of Business	Type of Bu	iness Corpor		artnership .LC	Non-	Profit Corporatio	n Federal I	ID# (9 digits)	State Organizational	
Equipment Location if different than C	ompany Address									
Personal Information C	f Guarant	ors								
Name		Title	Title		% of Ownership		Social Security Number		Driver's License Nu	
Home Address					State Zip		Home Phone Number		Mobile Phone Num	
Email Address			- 1	Annual Personal Income		Own or Rent		How Long?		
					Date		Date of Bir			
You authorize us to investigate Signatur your credit as provided below	X									
Name		Title			% of Ownership		Social Security Number		Driver's License Nu	
Home Address	City			State Zip		Home Phone Number		Mobile Phone Num		
Email Address					Annual Person	l Income	Own or Re	ent	How Long?	
V Signatur				Date		Date of Birth				
You authorize us to investigate your credit as provided below	X									
Company Bank Referen	ices – Two	Year Histo	Checking Acco			Telephone Nur		Contact Of		
						1 '				
Name of Bank/Branch		How Long? Checking Acct. #		r. # or Loa	n Acct. #	Telephone Nur	nber	r Contact Officer		
Trade References - Two	Year Hist									
Name of Supplier		City/State				Telephone Nur	Telephone Number		Contact Officer	
Name of Supplier		City/State			Telephone		mber Contact Offi		ficer	
Applicant Financial Info	rmation									
No. of years owner/CEO has been in		ss:			THE EO	I I OWING ITE	Me WILL	HEI D EVDE	DITE APPROVAL	
No. of years in business at current ad     No. of employees:	dress:				ASSURE	THE LOWEST	POSSIBL			
4. Approximate net worth of business:		s			<ol><li>Most :</li></ol>	ecent financial stat	ements with	auditor's cover	letter.	
Approximate net profit after tax last y     Approximate net profit after tax for t	<u>s</u>	S Full personal guarantor information.  S FAX COMPLETED APPLICATION TO: 800.736.0								
<ol> <li>Approximate net profit after tax for t ICAunderstands that the applicant is unsidering asking ICAte</li> </ol>		natelassoihaelahassa fransiksi	Constanteneteristanle	ana Airennana						
assigns, to investigate my/our credit workiness and will p henoin to release any requested information. If any of the reverse any credit decision if the information contained he the information contained herein turns out to be incorrect.	rovide financial statemen applicants (i.e. guaranta rain is faund to be incorn	ts, tax returns, etc., as you o rs) have not signed this app ct, and L/we will indemnify	leem necessary. By the disation, L/we hereby v LGA for any and all cos	e execution of t warrant that (/ its incurred wit	his application, (/we w we have their written in this application for a	varrant that the informati outhorization for you to i redit including any cost in	on submitted here evestigate their cr curred in the plac	sin is true and correct redit. (/we warrant it ement or reservation	and hereby authorize references is understood that LCA reserves to of the intended leased equipmen	
Signature	, .,			, , , , ,			Date		, .,	
Signature w										

# 7. Applicant Financial Information:

Review and complete all information.

# 8. Signature/Print or Save As:

Applicant must sign and date the application here.

After fully completing the application, return it to LCA by E-mail: creditfax@leasecorp.com or Fax: 800.736.0218

Contact your dedicated LCA Account Executive for more information



# **Lease Corporation of America**