

# CREDIT APPLICATION



Leasing Coordinator: Jim Gibbons

Fax completed application to: 801-606-2817

**Business information:** Please check appropriate box:  Corporation  Limited Liability Company  Partnership  Proprietorship

Legal name (applicant): \_\_\_\_\_ Company Name: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Business telephone: \_\_\_\_\_

Business fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Web site address: \_\_\_\_\_

Business Type: \_\_\_\_\_ Years in business: \_\_\_\_\_ Organized in state of: \_\_\_\_\_ Federal tax I.D. #: \_\_\_\_\_

**Guarantor information:** List additional individual(s) with signature on separate credit application.

EACH OF THE UNDERSIGNED HEREBY AUTHORIZES EDISON CAPITAL LEASING OR ANY OF ITS AFFILIATES OR DESIGNEES TO INVESTIGATE THE INFORMATION CONTAINED HEREIN OR STATEMENTS OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER PERSON PERTAINING TO THE CREDIT APPLICANT AND/OR MY PERSONAL CREDIT HISTORY, AND TO OBTAIN CREDIT REPORTS ON THE UNDERSIGNED AS MAY BE NEEDED IN CONNECTION WITH THIS CREDIT APPLICATION AND ANY SUBSEQUENT REVIEW PROCESS. FURTHER, EACH OF THE UNDERSIGNED AUTHORIZES EDISON LEASING OR ITS DESIGNEES AND THE SELLER, DISTRIBUTOR, DEALER, LICENSOR OR MANUFACTURER TO DISCLOSE TO EACH OTHER INFORMATION ABOUT APPLICANT'S ACCOUNTS, CREDIT AVAILABILITY AND CREDIT EXPERIENCE. **PLEASE INCLUDE 3 MONTHS OF MOST RECENT BANK STATEMENTS - PREFERABLY BUSINESS BANK STATEMENTS.**

Principal / Guarantor #1: Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ % of ownership: \_\_\_\_\_ Social security #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Principal / Guarantor #2: Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ % of ownership: \_\_\_\_\_ Social security #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Transaction information:**

Description of Items to finance: \_\_\_\_\_

|   |  |
|---|--|
| Equipment / software cost: \$ _____     | Term, Months (Check One):<br><input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/> 84 <input type="checkbox"/> OTHER: _____ |
| Construction / other costs: \$ _____    | Advance Payments (Check One): _____ Payment Factor: _____ Payment Amount: _____<br><input type="checkbox"/> First & Last <input type="checkbox"/> First <input type="checkbox"/> Zero <input type="checkbox"/> OTHER: _____  |
| Working capital: \$ _____               | NON-Standard or OTHER Lease Terms (Including Deferrals): _____   |
| <b>TOTAL AMOUNT REQUESTED: \$ _____</b> |  |

Originator company name: **Edison Capital Leasing LLC** Originator sales rep: **Jim Gibbons**  
Originator sales rep phone: **801-548-3197** Originator sales rep e-mail address: **jim@edisoncapitalleasing.com**

Credit Application Fax Number: 801-606-2817

|   |                         |                          |                         |
|---|-------------------------|--------------------------|-------------------------|
| <b>Edison Capital Leasing Use Only:</b> |                         |                          |                         |
| Lease Plan: _____                       | Regional Manager: _____ | Account Executive: _____ | Origination Code: _____ |

Edison Capital Leasing, LLC is a subsidiary of Edison Innovations, LLC