

Express Application

Step 1.		Step 2.	
Date:		Business Name:	
Brief description of ed	quipment:		
		Check One:	Corporation
			Partnership
Vendor			Proprietorship
Phone			OLLC
Contact		Business Address: (Physical Address)	
Bank Capital Rep		-	
Finance Lease	\supset		
Equipment Cost: \$		County:	
Amount Requested: \$(Only if different from Equipment Cost)		Year Business Established	
		Type of Business	
Term:		Federal EIN:	
24 Month	36 Month	E-Mail:	
48 Month	○ 60 Month	Cell Phone:	
Skip/Seasonal Payments		Business Phone:	
		Fax:	
Tax Exempt:	Yes \(\sigma\)No		
Exemption #		Bank Business Checking	
Purchase Options:	\$1.00	Bank:	
	10%	Phone:	
	☐ Fair Market Value	Account:(Must be a business account, not personal)	

Current or Previous Business Leases or Loans:			
1	Phone:		
2	Phone:		
Personal Information	on:		
1. Owner Name (Inc	clude Middle Initial Jr., Sr., etc)		
Title	e% of ownership		
Cell Phone:			
Social Security			
Date of Birth			
2. Owner Name			
Title	% of ownership		
Home Address:			
Home Phone:			
Cell Phone:			
Social Security			
Date of Birth			
Step 3.			
Fax Application: Call:	570.883.0928 570.883.0881		
assignees. The undersigned individual, a factor in the evaluation of the credit of named business credit provider and an obtain and use a consumer credit reporneeded in the credit evaluation and residual consumers.	r financial information to F.N.B. Equipment Finance or it recognizing that his or her individual credit history may be of the applicant, hereby consents to and authorizes the above y assignee, lender or funding service that may be utilized to to the undersigned, now and from time to time, as may be eview process and waives any right or claim they would porting Act in the absence of this continuing consent. A orization shall be valid as the original.		