

<b>COMPANY INFORMATION</b>			
Complete Name of Business		( )	Office Phone
Street Address		( )	Office Fax
City	State	Zip Code	Years Under Current Ownership
TYPE OF BUSINESS: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____			

<b>PERSONAL INFORMATION</b>			
Name (First, Last)	Title	Social Security No.	Ownership %
Home Address	City	State	Zip
Name (First, Last)	Title	Social Security No.	Ownership %
Home Address	City	State	Zip

<b>COMPANY BANK REFERENCE</b>			
Name of Bank/Branch	How Long	Business Checking Acct. No.	( ) Telephone
Name of Bank/Branch	How Long	Business Checking Acct. No.	( ) Telephone

<b>BUSINESS TRADE REFERENCE</b>		
Name of Supplier	( ) Telephone	Contact (if available)
Name of Supplier	( ) Telephone	Contact (if available)

<b>DECLARATION</b>
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Authorization: Applicant warrants that all the information provided Lessor is true and correct, and authorizes First City Capital and its assignees to investigate applicants credit worthiness as may be needed. The undersigned authorizes all banking institutions, credit reporting agencies, trade references and its agents to release all necessary information via telephone, mail or facsimile as requested, for the purpose of securing a lease, updating, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date:** \_\_\_\_\_