



This one page application can be filled out using your computer.

Click on the first field and use the TAB button to navigate to the next field.

If you choose to fill the application out by hand, simply print the form.

After the application is filled out, please print, sign, and fax to our office Fax 801-453-8031

If you have any questions please call 866-846-8030



PO Box 4046  
 Salt Lake City, Utah 84110-4046  
 Phone 801-453-8030 Fax 801-453-8031 www.NBFCAP.com



FULL BUSINESS NAME \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE(\_\_\_\_) \_\_\_\_\_ FAX(\_\_\_\_) \_\_\_\_\_ WEB SITE \_\_\_\_\_

DATE ESTABLISHED \_\_\_\_\_ STATE OF INCORPORATION \_\_\_\_\_ FED TAX ID \_\_\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

FORM OF ORGANIZATION: PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ C CORP \_\_\_\_\_ S CORP \_\_\_\_\_ LLC \_\_\_\_\_

# OF EMPLOYEES \_\_\_\_\_ ANNUAL REVENUE \$ \_\_\_\_\_ YEARS AS CURRENT OWNER \_\_\_\_\_ SIC CODE \_\_\_\_\_ (OPTIONAL)

EQUIPMENT LOCATION ADDRESS (IF DIFFERENT FROM ABOVE)  
 \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS LANDLORD \_\_\_\_\_ LANDLORD PHONE ( ) \_\_\_\_\_

**OWNERSHIP / PRINCIPAL/ OFFICER**

NAME \_\_\_\_\_ POSITION \_\_\_\_\_ % OWNERSHIP \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SSN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ HOME PHONE(\_\_\_\_) \_\_\_\_\_

OWN \_\_\_\_\_ RENT \_\_\_\_\_ MONTHLY PAYMENT \$ \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ POSITION \_\_\_\_\_ % OWNERSHIP \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SSN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ HOME PHONE(\_\_\_\_) \_\_\_\_\_

OWN \_\_\_\_\_ RENT \_\_\_\_\_ MONTHLY PAYMENT \$ \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**CREDIT REFERENCES:**

BANK \_\_\_\_\_ CREDIT UNION \_\_\_\_\_ NAME \_\_\_\_\_ BRANCH \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ACCOUNT# \_\_\_\_\_ TYPE \_\_\_\_\_ CONTACT \_\_\_\_\_

BANK \_\_\_\_\_ CREDIT UNION \_\_\_\_\_ NAME \_\_\_\_\_ BRANCH \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ACCOUNT# \_\_\_\_\_ TYPE \_\_\_\_\_ CONTACT \_\_\_\_\_

TRADE NAME \_\_\_\_\_ BRANCH \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ACCOUNT# \_\_\_\_\_ TYPE \_\_\_\_\_ CONTACT \_\_\_\_\_

TRADE NAME \_\_\_\_\_ BRANCH \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ACCOUNT# \_\_\_\_\_ TYPE \_\_\_\_\_ CONTACT \_\_\_\_\_

**EQUIPMENT TO BE FINANCED** (IF USED PLEASE GIVE MODEL YEAR AND SERIAL NUMBER) EQUIPMENT COST \$ \_\_\_\_\_

SUPPLIER OF EQUIPMENT (VENDER) \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_ FAX(\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TERMS: 12 \_\_\_\_\_ 24 \_\_\_\_\_ 36 \_\_\_\_\_ 48 \_\_\_\_\_ 60 \_\_\_\_\_ END OF LEASE PURCHASE \$ \_\_\_\_\_

**YEAR END FINANCIAL INFORMATION**

REVENUES \$ \_\_\_\_\_

TOTAL ASSETS \$ \_\_\_\_\_

CURRENT ASSETS \$ \_\_\_\_\_

TOTAL LIABILITIES \$ \_\_\_\_\_

CASH AVAILABLE \$ \_\_\_\_\_

NET WORTH \$ \_\_\_\_\_

By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lessor or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. 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. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application. I authorize all deposit, borrowing, and trade information to be released to the Lessor. I hereby represent all information is true, correct and complete. A photostatic or facsimile copy of this authorization shall be valid as the original.

By \_\_\_\_\_ PRINT \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_