



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 ____/____/____