



Church Finance Application

All Types Churches and Places of Worship
Furnishings, Fixtures & Equipment!

Submit Applications to:
 Steve Joskowitz, Account Manager, 702-832-7224
 email: steve@churchlend.com or fax: 888-782-8139 Visit www.churchlend.com for online application & more information

BUSINESS

| | | | | | |
|------------------------|--------------------|---|--------|-----------------|-----|
| Legal Company Name/dba | | Website | | Fed. Tax I.D. # | |
| Billing Address | | City | County | State | Zip |
| Telephone No. | Fax No. | Contact Person/Title | | E-mail | |
| # years current owner | Nature of Business | Type of Business: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation | | | |

EQUIPMENT LOCATION (Complete only if equipment will not be located at billing address)

| | | | | |
|---------|------|--------|-------|-----|
| Address | City | County | State | Zip |
|---------|------|--------|-------|-----|

PERSONAL INFORMATION ON MAJORITY STOCKHOLDERS/OWNERS

| | | | | |
|--------------|--------|-------|----------------|---------------------|
| Name | E-mail | Title | % of Ownership | Social Security No. |
| Home Address | City | State | Zip | Home/Cell Phone No. |
| Name | E-mail | Title | % of Ownership | Social Security No. |
| Home Address | City | State | Zip | Home/Cell Phone No. |

COMPANY BANK REFERENCES

| | | | | |
|--|-----------|---------------|---------------|-----------------|
| Name of Bank/Branch | How Long? | Chkg. Acct. # | Telephone No. | Contact Officer |
| Previous Bank (If account is less than 2 yrs. old) | How Long? | Chkg. Acct. # | Telephone No. | Contact Officer |

EQUIPMENT TO BE FINANCED (Attach separate list if necessary)

| | | | |
|-----------|----------------------------------|--|------------|
| Quantity: | Description (Make/Model/Year): | <input type="checkbox"/> New <input type="checkbox"/> Pre-Owned <input type="checkbox"/> Working Capital | \$ Amount: |
| Supplier: | Street Address, City, State, Zip | Telephone No. | Contact |
| Notes: | | | |

TERM: 12 Months 24 Months 48 Months 60 Months **STRUCTURE:** Finance Contract \$1.00 Payoff Lease FMV

AUTHORIZATION FORM: ("Soft Pull" initial credit check does not show inquiry on credit report)

By signing below, each undersigned individual (s), who is either a principal of the credit applicant listed below or a personal guarantor of its obligations, provides written instruction BSB Leasing, Inc. or its designee (and any assignee or potential assignee thereof) authorizing review of his or her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account. I authorize all deposit, borrowing, and trade information to be released to the Lessor. I represent all information is true, correct and complete. A photo static or facsimile copy of this authorization shall be as valid as the original.

X Sign: _____ Title _____ Date _____

Print Name: _____

X Sign: _____ Title _____ Date _____

Print Name: _____