



First-Citizens Bank & Trust Company  
PO Box 29519 • Raleigh, NC 27626

# Business Lease Application

Print and Return by Fax to: 877.492.7081

(Incomplete information may cause delays. Please complete in full.)

## Business Profile

LEGAL NAME OF BUSINESS				TAX ID#	
STREET ADDRESS		CITY	COUNTY	STATE	ZIP CODE
MAIL ADDRESS		CITY	COUNTY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	CELL PHONE NUMBER	E-MAIL ADDRESS		
BUSINESS STRUCTURE <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> OTHER			DATE ESTABLISHED	GROSS ANNUAL SALES	
HOW LONG UNDER PRESENT MGMT	NUMBER OF EMPLOYEES	Has the business ever been in receivership or declared bankruptcy during the last 7 years? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DESCRIPTION OF BUSINESS					

## Business Owner Information – Attach additional sheet if more than two.

NAME		SOCIAL SECURITY NUMBER	OWNERSHIP %	DATE OF BIRTH	HOME PHONE NUMBER
STREET ADDRESS		CITY	COUNTY	STATE	ZIP CODE
TITLE	YEARS WITH COMPANY	NET WORTH EXCLUDING VALUE OF COMPANY		ANNUAL INCOME	
DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE	DATE OF ISSUANCE		DATE OF EXPIRATION	
NAME		SOCIAL SECURITY NUMBER	OWNERSHIP %	DATE OF BIRTH	HOME PHONE NUMBER
STREET ADDRESS		CITY	COUNTY	STATE	ZIP CODE
TITLE	YEARS WITH COMPANY	NET WORTH EXCLUDING VALUE OF COMPANY		ANNUAL INCOME	
DRIVER'S LICENSE NUMBER	STATE OF ISSUANCE	DATE OF ISSUANCE		DATE OF EXPIRATION	

## Bank References

BANK NAME	BRANCH	ACCOUNT NUMBER	CONTACT PERSON	12 MONTH AVG BALANCE

## Business Credit / Trade Reference

NAME & ADDRESS OF CREDITOR	PHONE NUMBER	ACCOUNT NUMBER	HIGHEST BALANCE	CURRENT BALANCE	MONTHLY PAYMENT

## Lease Request

AMOUNT \$	# OF MONTHS	RATE FACTOR	PURCHASE OPTION <input type="checkbox"/> \$1.00 Buyout <input type="checkbox"/> % Residual <input type="checkbox"/> Fair Market Value		ESTIMATED PAYMENT \$
EQUIPMENT TO BE LEASED (MAKE, MODEL, SERIAL #)					
STREET ADDRESS EQUIPMENT TO BE LOCATED			COUNTY	<input type="checkbox"/> Inside City Limits <input type="checkbox"/> Outside City Limits	

## Vendor Information

NAME	CONTACT PERSON	PHONE NUMBER	FAX NUMBER
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## Declaration and Authorization

I/We apply to First Citizens Bank (the "Bank") for the credit described above and certify that the information provided herein is, to the best of my/our knowledge, true, complete and correct. I/We understand that the information will be used by the Bank to determine credit worthiness. I/We authorize the Bank to make credit inquiries in connection with this credit application and report our credit experience to credit bureaus and other persons. I/We also authorize all such persons or entities the Bank contacts to respond completely to such inquiries. Patriot Act Notice: To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We thank you for your understanding and for joining us in securing a safer tomorrow.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
12/14