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To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: 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.

BUSINESS INFORMATION				
Name of Business:		DBA:		Federal ID #:
Physical Address:			City:	State: Zip:
Billing Address:			City:	State: Zip:
Phone #:	Cell #:	Fax #:	Contact Person/Title:	Email Address:
Nature of Business:		Type of Business:	Sole Proprietorship Corporation Partnership LLC	
		Years in Business:	U.S. Citizen: Yes No	Gross Annual Revenue:
PERSONAL INFORMATION (PLEASE PROVIDE COPIES OF DRIVERS LICENSES WITH APPLICATION)				
Name (First/MI/Last):		Title:	% Ownership:	Social Security #: DOB:
Home Address:		City:	State: Zip:	Phone #:
Name (First/MI/Last):		Title:	% Ownership:	Social Security #: DOB:
Home Address:		City:	State: Zip:	Phone #:
DEALER INFORMATION				
Dealer's Name:		Phone #:		Contact Person:
PAYMENT PLAN				
Term in Months: 24 36 48 60 72		Type of Transaction: FINANCE LEASE		Equipment Cost: \$ Advance Payment: \$
EQUIPMENT INFORMATION (ATTACH QUOTE OR AVAILABLE INVOICE)				
Description: (include make, model, serial #'s and any attachments)				
TRADE REFERENCES				
Name of Supplier:		City/State:	Phone #:	Contact Person:
Name of Supplier:		City/State:	Phone #:	Contact Person:
COMPANY BANK REFERENCES				
Bank Name:		Phone #:		Contact Person:

By providing the above information, I/we certify the information provided above is true and complete and authorize Falcon Leasing to whom this application is made, or your agents, to investigate my/our financial responsibility and credit worthiness and will provide financial statements, tax returns, etc. as deemed necessary. I/we authorize Falcon Leasing to update my/our credit profile from time to time in the future as you deem appropriate.

We intend to apply for joint credit Applicant Initials: _____ Co-Applicant Initials: _____

X _____ _____ X _____ _____
 Applicant Signature Date Co-Applicant Signature Date

Protecting your confidential information is important to us. Please fax or use a secure email method when returning the completed form.