

Equipment Lease Due Diligence Checklist

1. Business Information

- Completed Lease Application
- Financial Statements or Tax Returns
 - 2015
 - 2016
 - 2017
 - 2018 Interim
- Company Organization/Ownership Chart including Individuals that own 25% or more.
- Articles of Incorporations or Organization
- Business Debt Schedule within the Last Three Months

2. Personal Information*

Anyone owning more that 25% of the business

- Personal Financial Statement
- Personal Tax Returns
 - 2015
 - 2016
 - 2017

* Personal Financial Statements are not required for entities with over \$100mm in Revenue.

CREDIT APPLICATION FOR EQUIPMENT LEASE

Section 1: Business Contact Information			
Lessee Legal Name:			
Lessee Federal Tax ID Number:			
Phone:	Fax:	E-mail:	
Lessee Company Address:			
City:	State:	ZIP Code:	
Date Business Commenced:			
Sole proprietorship: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	Other:
Detailed Business Description:			
Section 2: Equipment Information.			
Equipment Cost:		Desired Monthly Payment:	
Desired Lease Term (Months):		Purchase Option: <input type="checkbox"/> \$1 Buyout <input type="checkbox"/> FMV	
Equipment Description:			
Section 3: Vendor Information.			
Vendor Name:			
Vendor Address:			
City:	State:	Zip Code:	
Telephone:	Fax:	E-mail:	
Section 4: Bank Information.			
Bank name:			
Bank address:		Phone:	
City:	State:	Zip Code:	
Type of Account:	Account Number:		
Type of Account:	Account Number:		
Section 5: Loan/Lease/Trade References.			
Name:			
Address:			
Phone:		Contact Person:	
Name:			
Address:			
Phone:		Contact Person:	
Section 6: Personal Guarantor Data.			
Name:			
Home Address:			
Soc. Sec. No.		Ownership %:	
Name:			
Home Address:			
Soc. Sec. No.		Ownership %	
Section 7: Authorization.			
I Authorize the Release of Any Credit or Financial Information to Lessor And/Or Its Designees or Assignees:			
Authorized Signature: _____ Title: _____ Date: _____			
<small>NOTICE: IF YOUR APPLICATION FOR BUSINESS CREDIT IS DENIED, YOU HAVE THE RIGHT TO A WRITTEN STATEMENT OF THE SPECIFIC REASONS FOR THE DENIAL. TO OBTAIN THIS STATEMENT, PLEASE CONTACT THE LESSOR NAMED HEREIN WITHIN 60 DAYS FROM THE DATE YOU ARE NOTIFIED OF OUR DECISION. WE WILL SEND YOU A WRITTEN STATEMENT OF REASONS FOR THE DENIAL WITHIN 30 DAYS OF RECEIVING YOUR REQUEST FOR THE STATEMENT. THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS THE FEDERAL TRADE COMMISSION, ECOA COMPLIANCE, WASHINGTON, DC 20581.</small>			

Debt Schedule

Business Name: _____

Date: _____

NAME OF CREDITOR	ORIGINAL AMOUNT	CURRENT BALANCE	MATURITY DATE	MONTHLY PAYMENT	CURRENT?

Signed

Title

PERSONAL FINANCIAL STATEMENT

As of _____, _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 25% or more interest and each general partner, or (3) each stockholder owning 25% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name:	Business Phone:
Residence Address:	Residence Phone:
City, State, & Zip Code:	

Business Name of Applicant/Borrower:

(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand and in Banks \$ _____	Accounts Payable \$ _____	
Savings Accounts..... \$ _____	Notes Payable to Banks and Others \$ _____ (Describe in Section 2)	
IRA or Other Retirement Account..... \$ _____	Notes Payable to Banks and Others \$ _____ (Describe in Section 2)	
Accounts & Notes Receivable \$ _____	Installment Account (Auto) \$ _____ Monthly Payments \$ _____	
Life Insurance-Cash Surrender Value Only \$ _____ (Complete Section 8)	Installment Account (Other)..... \$ _____ Monthly Payments \$ _____	
Stocks and Bonds..... \$ _____ (Describe in Section 3)	Loan on Life Insurance..... \$ _____	
Real Estate \$ _____ (Describe in Section 4)	Mortgages on Real Estate..... \$ _____ (Describe in Section 4)	
Automobile-Present Value..... \$ _____	Unpaid Taxes..... \$ _____ (Describe in Section 6)	
Other Personal Property..... \$ _____ (Describe in Section 5)	Other Liabilities..... \$ _____ (Describe in Section 7)	
Other Assets..... \$ _____ (Describe in Section 5)	Total Liabilities..... \$ _____	
Total \$ _____	Net Worth \$ _____	
	Total \$ _____	

Section 1. Source of Income.	Contingent Liabilities
Salary..... \$ _____	As Endorser or Co-Maker..... \$ _____
Net Investment Income \$ _____	Legal Claims & Judgments..... \$ _____
Real Estate Income \$ _____	Provision for Federal Income Tax..... \$ _____
Other Income (Describe below)*..... \$ _____	Other Special Debt..... \$ _____

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (Monthly, etc.)	How Secured or Endorsed Type of Collateral

Continued

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property:			
Address:			
Date Purchased:			
Original Cost:			
Present Market Value:			
Name & Address of Mortgage Holder:			
Mortgage Account Number:			
Mortgage Balance:			
Amount of Payment per Month/Year:			
Status of Mortgage:			

Section 5. Other Personal Property & Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries.)

I authorize Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

PLEASE NOTE: THE ESTIMATED AVERAGE BURDEN HOURS FOR THE COMPLETION OF THIS FORM IS 1.5 HOURS PER RESPONSE.