



F.N.B. Commercial Leasing

Express Lease Application

Step 1.

Date: _____

Brief description of equipment: _____

Vendor _____

Phone _____

Contact _____

Bank Capital Rep. _____

Equipment Cost: \$ _____

Amount Requested: \$ _____

(Only if different from Equipment Cost)

Term: _____

☐ 24 Month ☐ 36 Month

☐ 48 Month ☐ 60 Month

☐ Skip/Seasonal Payments

Tax Exempt: ☐ Yes ☐ No

Exemption # _____

Purchase Options: ☐ \$1.00
☐ 10%
☐ Fair Market Value

Step 2.

Business Name: _____

Check One: ☐ Corporation
☐ Partnership
☐ Proprietorship
☐ LLC

Business Address: (Physical Address) _____

County: _____

Year Business Established _____

Type of Business _____

Federal EIN: _____

E-Mail: _____

Cell Phone: _____

Business Phone: _____

Fax: _____

Bank Business Checking

Bank: _____

Phone: _____

Account: _____

(Must be a business account, not personal)

Current or Previous Business Leases or Loans:

1. _____ Phone: _____

2. _____ Phone: _____

Personal Information:

1. Owner Name (Include Middle Initial Jr., Sr., etc)

Title _____ % of ownership _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Social Security _____ - _____ - _____

Date of Birth _____

2. Owner Name _____

Title _____ % of ownership _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Social Security _____ - _____ - _____

Date of Birth _____

Step 3.

Fax Application: 570.883.0928
Call: 570.883.0881

I authorize the release of any credit or financial information to F.N.B. Commercial Leasing or its assignees. The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes the above named business credit provider and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under Fair Credit Reporting Act in the absence of this continuing consent. A photostat or facsimile copy of this authorization shall be valid as the original.

X _____

X _____