



EQUIPMENT LEASE SUBMISSION REQUIREMENTS  
FOR **NEW GRN** FRANCHISEES

ALL REQUESTED INFORMATION MUST BE RECEIVED TO COMPLETE PROCESSING  
OF YOUR LEASE REQUEST

FINANCIAL INFORMATION NEEDED:

- 1) **LEASE APPLICATION:** Complete, Sign (All Owners & Spouses) & Date
- 2) **COPIES OF BANK STATEMENTS:** Include the most recent monthly statement(s) from your checking, savings, brokerage account, 401K, IRA's. All statements showing where your cash is and current balances.
- 3) **PERSONAL FINANCIAL STATEMENT:** Form attached. Complete, sign and date. All owners must complete this form and it must be current within 90 days.
- 4) **SIGNED PERSONAL TAX RETURNS: ALL OWNERS**  
These must include **COMPLETE FEDERAL RETURNS WITH ALL SCHEDULES** for the most current two (2) years. (State Returns are not needed)
- 5) **SIGNED PROPOSAL OPTION LETTER and COMMITMENT CHECK**

The information requested is for the purpose of securing a Lease credit line from Franchise Leasing Concepts (FLC) for your new Franchise. This information will be kept in confidence by FLC and/or it assigns.



# EQUIPMENT LEASE APPLICATION

BUSINESS	BUSINESS NAME / LESSEE					TELEPHONE
	ADDRESS (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)
	TYPE OF BUSINESS				AGE OF BUSINESS	FED. TAX NO.
	LOCATION OF EQUIPMENT (STREET)		(CITY)	(STATE)	(COUNTY)	(ZIP CODE)

OWNERSHIP	<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC			STATE OF INCORPORATION			
	PRINCIPAL'S NAME (FIRST, MIDDLE & LAST)		TITLE	% OWNERSHIP	HOME PHONE	SOCIAL SECURITY NO.	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	HOW LONG <input type="checkbox"/> OWN <input type="checkbox"/> RENT	SPOUSE
	PRINCIPAL'S NAME (FIRST, MIDDLE & LAST)		TITLE	% OWNERSHIP	HOME PHONE	SOCIAL SECURITY NO.	
	HOME ADDRESS (STREET)		(CITY)	(STATE)	(ZIP CODE)	HOW LONG <input type="checkbox"/> OWN <input type="checkbox"/> RENT	SPOUSE

BANKS	BANK	ADDRESS (STREET)		(CITY)	(STATE)	OFFICER	TELEPHONE
	ACCOUNT NAME UNDER		CHECKING ACCT. NO.		SAVINGS ACCT. NO.		LOAN NO.
	BANK	ADDRESS (STREET)		(CITY)	(STATE)	OFFICER	TELEPHONE
	ACCOUNT NAME UNDER		CHECKING ACCT. NO.		SAVINGS ACCT. NO.		LOAN NO.

HAS PRINCIPAL OR GUARANTOR EVER: (CHECK ONE)      **FAX NO.:** \_\_\_\_\_

FILED BANKRUPTCY?      YES [ ] NO [ ]      **EMAIL:** \_\_\_\_\_  
 BEEN INVOLVED IN LITIGATION?      YES [ ] NO [ ]  
 HAD A REPOSSESSION / CHARGE OFF?      YES [ ] NO [ ]  
 ARE ANY DEBTS NOW PAST DUE?      YES [ ] NO [ ]      **CELL PHONE:** \_\_\_\_\_  
 IF YES TO ANY OF THE ABOVE, EXPLAIN BELOW:

AMOUNT REQUESTED: \$ \_\_\_\_\_

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 the statement, please contact FRANCHISE LEASING CONCEPTS, 1093 High Tide Way, NE, Townsend, GA 31331, 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.

Notice: 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, or age (provided the applicant has the capacity to enter into a binding contract); or 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, Equal Credit Opportunity, Washington, DC 20580.

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION SUPPLIED ON THIS APPLICATION IS GIVEN FOR CREDIT PURPOSES AND IS TRUE AND CORRECT AND AUTHORIZES FRANCHISE LEASING CONCEPTS TO WHOM THIS APPLICATION IS MADE AND ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY TO INVESTIGATE ALL REFERENCES OR DATA LISTED OR ACCOMPANYING THIS APPLICATION. THE UNDERSIGNED AUTHORIZES ALL PARTIES AND AGREES TO RELEASE ANY CREDIT OR FINANCIAL INFORMATION REQUESTED AS PART OF SAID INVESTIGATION.

_____	_____	_____
DATE	SIGNATURE	TITLE
_____	_____	_____
DATE	SIGNATURE	TITLE

**(ORIGINAL SIGNATURES OF ALL GUARANTORS / SPOUSES REQUIRED ON APPLICATION)**



**SCHEDULE 1 Notes Receivable**

Name of Debtor	Collateral	Payable	Maturity Date	Total Amt Due		
		\$ per				
		\$ per				
		\$ per				
<b>TOTAL</b>						

**SCHEDULE 2 Securities Owned**

No. Shares or Bond Amount	Description	Title in Name of	How Held Code*	Amount at Which Carried on this Statement			Present Market Value			L= Listed U= Unlisted
<b>TOTAL</b>										

**SCHEDULE 3 Life Insurance**

Insured	Face Amount of Policy			Insurance Company	Beneficiary	Cash Value			Loans			
<b>TOTAL</b>												

**SCHEDULE 4 Real Estate**

Address and Type of Property	Title in Name of	How Held Code*	Monthly Income	Cost		Present Market Value	Total Balance Owed (Detail in Schedule 6)			
				Year Acquired						
				\$						
				Year						
				\$						
				Year						
				\$						
				Year						
				\$						
				Year						
<b>TOTAL</b>										

**SCHEDULE 5 Mortgages or Liens on Real Estate**

To Whom Payable	Indicate 1st or 2nd Mortgage	How Payable	Interest Rate	Maturity Date	Balance Owning		
		\$ per					
		\$ per					
		\$ per					
		\$ per					
		\$ per					

*HOW HELD CODES	COMMUNITY PROPERTY	SEPARATE PROPERTY (indicate applicable abbreviation)		
	ALWAYS INDICATE "CP"	"SO" - SINGLE OWNERSHIP	"JT" - JOINT TENANTS	"TIC" - TENANTS IN COMMON



Have you ever gone through bankruptcy or had a judgment against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any assets pledged or debts secured except as shown?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you made a will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**YOUR REPRESENTATIONS AND WARRANTIES**

I understand that Franchise Leasing Concepts is relying on the information in this financial statement (including the designation of my property as separate or community property) in deciding to give or continue the financial accommodation or extension of credit I have requested or received. I promise that this is a true statement of my financial condition as of the date of valuations. You may rely on it as being true and correct until I otherwise notify you in writing. If this statement is not true in any material respect, or if I should die, file for bankruptcy, if any other creditor tries to seize my property, or if any adverse change occurs in my financial condition, at your election any or all of my indebtedness and obligations to you, direct or contingent, shall become immediately due and payable without demand or notice. You may retain and verify this statement. I understand that from time to time you may receive information about me from others and may answer questions and requests from others seeking credit and experience information about me and my relationships with you, but that you will try to protect our confidential relationship in handling other requests, like those from government agencies. If this is a joint financial statement, these representations and warranties are from each of us.

**I HAVE READ, UNDERSTAND AND AGREE TO MAKE THESE REPRESENTATIONS AND WARRANTIES.**

\_\_\_\_\_   
 Date

\_\_\_\_\_   
 Your Signature

\_\_\_\_\_   
 Date

\_\_\_\_\_   
 Your Spouse's Signature (if you are requesting the financial accommodation jointly with your spouse)