



CORE CAPITAL  
GREEN LEASE PROGRAM  
WWW.CORECAPITAL.COM

OFFICE: (646) 961-3274  
FAX: (646) 349-2442

Vendor Name	City	Telephone #		
Contact:				
EQUIPMENT TO BE LEASED (Attach separate list if necessary.)		Equipment Cost	Lease Term (in Months)	Monthly Payment Without Tax
New / Used				

**EQUIPMENT LOCATION**

Address	City	County	State	Zip
LESSEE (Important to list legal name of entity.)		Federal Tax ID #		
Mailing Address	City	County	State	Zip
Telephone No. ( )	Contact Person	Title		
Nature of Business	Years in Business	<input type="checkbox"/> Propriet. <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership (Gen. Or Ltd.?)	Year Inc.	

**PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTORS**

Name	Title	Social Security No.		
Home Address	City	State	Zip	Home Phone ( )
Name	Title	Social Security No.		
Home Address	City	State	Zip	Home Phone ( )

**COMPANY BANK REFERENCE – TWO YEAR HISTORY (Important to establish any loan history.)**

Name of Bank/Branch	Chkg. Acct.#	Telephone No. ( )	Contact Officer
	Loan Acct. #		
	Loan Acct. #		

**TRADE REFERENCES – TWO YEAR HISTORY (Important to establish high credit and payment history.)**

Name of Supplier	City	State	Telephone No.	Contact Person
Name of Supplier	City	State	Telephone No.	Contact Person
Lease Reference	City	State	Telephone No.	Contact Person

**DECLARATION**

The above information, together with any accompanying financial statements, schedules, or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct and complete. The Funding Source is hereby authorized to investigate (directly or through an agent or nominee) our credit and financed responsibility. By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to the Funding source or its designee authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal, or extension of such credit or additional credit and for reviewing or collecting the resulting account. A Photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in the above application. I/we confirm that no petition for bankruptcy has been filed under the company or on an individual basis and that no open liens/judgments exist against the company or on an individual basis.

Individual Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

(Signature) \_\_\_\_\_

(Date) \_\_\_\_\_

ADDRESS  
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Suite 534  
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