



First Federal Financial Services Inc.

Providing leasing services for business since 1976.

<http://www.firstfederalfinancial.com>

E-Z Application – No financials required for leases under 100k.

Equipment Supplier: _____ Phone: _____

Equipment Proposed: _____ Equipment Cost: _____

Company Information:

Legal Name: _____ Phone: _____

Type of Business: _____ Fax: _____

Circle One: Corp / Partnership / Sole Prop / LLC / LLP Time in Business: _____

Address: _____

City: _____ State: ____ Zip: _____

Website: _____ Email: _____

Owners' Information:

#1) Owner Name: _____ % Ownership: _____

Title: _____ Home Phone: _____

Social Security #: _____ Bank Account: _____

Address: _____

City: _____ State: ____ Zip: _____

Website: _____ Email: _____

#2) Owner Name: _____ % Ownership: _____

Title: _____ Home Phone: _____

Social Security #: _____ Bank Account: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: 800-969-2444 Fax: 800-774-4324

Attn: Credit Department

P.O. Box 554 Menomonee Falls, WI 53052



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E-A Application – No financials required for leases under 100k.

Website: _____ Email: _____

Company Checking Info: *(2 yr. history needed)*

Bank Name: _____ Account #: _____

Contact Name: _____ Phone: _____

Loan/Lease Reference: *(only required on leases above \$35,000)*

Circle One: Lease or Loan

Company Name: _____ Account #: _____

Contact Name: _____ Phone: _____

By signing below, each undersigned individual(s), who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to First Federal Financial Services, Inc. or its designee (and any assignee or potential assignee thereof) 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 purpose 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.

Furthermore, I authorize all deposit, borrowing, leasing and trade information to be released to First Federal Financial Services, Inc. or its designee (and any assignee or potential assignee thereof). I represent all information is true, correct and complete. A photocopy of this authorization shall be valid as original.

Date: _____

Date: _____

Agreed: _____

Agreed: _____

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Phone: 800-969-2444 Fax: 800-774-4324
Attn: Credit Department
P.O. Box 554 Menomonee Falls, WI 53052