



Delco Cleaning Systems of Fort Worth  
 2513 Warfield Street • Fort Worth, TX 76106-7554  
 Call Toll Free: (800) 433-2113  
 Phone: (817) 625-4213 Fax: (817) 625-2059  
 www.dcs1.com • email: delco@dcs1.com



**EQUIPMENT FINANCING APPLICATION**

**COMPANY INFORMATION**

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

Street Address: \_\_\_\_\_ Suite or Floor #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Mobile: \_\_\_\_\_

Equipment Address (Shop or Plant): \_\_\_\_\_

(Check One): Sole Proprietorship  Partnership  Corporation  LLC  Years in Business: \_\_\_\_\_

Main Product / Service: \_\_\_\_\_ Years Under Present Ownership: \_\_\_\_\_

**PRINCIPALS: Owners**

Name & Title	% of Ownership	Home Address & Zip	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____

**DESCRIPTION OF EQUIPMENT:** \_\_\_\_\_

Equipment Dealer Name: Delco Cleaning Systems of Fort Worth Phone: (800) 433-2113

Equipment Cost: \$ \_\_\_\_\_ Terms Requested (Mos): \_\_\_\_\_ New  Used

**BANK INFORMATION: Current Business Checking Information (2 years or more history preferred)**

(A) \_\_\_\_\_ (B) \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ Account#: \_\_\_\_\_ Contact: \_\_\_\_\_ Account #: \_\_\_\_\_

Circle Acct Types: Business Personal / Checking Savings Circle Acct Types: Business Personal / Checking Savings

**TRADE REFERENCES: Please provide information about your suppliers, landlord, loans or leases.**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

The undersigned authorizes the release of any credit information from any source including credit bureau reporting agencies and financial institutions relating to loan, lease, checking, savings, investment and trade accounts to Gem Leasing, a Division of Gem Capital Corporation, and its affiliated funding sources. The undersigned requests that if a faxed form is needed, it be expedited as quickly as possible. The undersigned hereby represents that information set forth herein is correct and complete. A photo static copy or facsimile transmission of this application shall be as valid as the original version.

**CUSTOMER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_