

Apply Online:

	Please call Mike Yukica at (603) 373-1996 or email michael.yukica@firstcitizens.com
Terms	Ownership
Amount to Finance:	Principal I Name:
Desired Term (1 - 72 months):	Home Address:
Equipment Type:	City/State/Zip:
Equipment Vendor:	
Desired Payment Range:	
Equipment Is: New Used	Phone #:
Business	Social Security #:
Legal Business Name: Enter the full legal name of your business.	% Ownership:
DBA Name:	Signature:
Business Phone:	Date:
Business Address:	5
City/State/Zip:	Principal II Name:
Time in Business Under Current Ownership:	Home Address:
Enter the month and year you started or acquired your business.	City/State/Zip:
TIN:	Email:
Federal Tax ID:	- Phone #:
Business Industry:	Birth Date:
Estimated Annual Gross Sales:	
Legal Structure:  Corporation S-Corp	Social Security #:
☐ Partnership ☐ Municipal ☐ Sole Prop	% Ownership:
□ Non-Profit	Signature:
Number of Employees:	

Apply with Rep:





## Ownership

Principal III Name:	Principal V Name:
Home Address:	Home Address:
City/State/Zip:	City/State/Zip:
Email:	Email:
Phone #:	Phone #:
Birth Date:	Birth Date:
Social Security #:	Social Security #:
% Ownership:	% Ownership:
Signature:	Signature:
Date:	Date:
Principal IV Name:	Principal VI Name:
Home Address:	
City/State/Zip:	
Email:	Email:
Phone #:	Phone #:
Birth Date:	Birth Date:
Social Security #:	Social Security #:
% Ownership:	% Ownership:
Signature:	Signature:
Date:	Date: