

Apply Online:

http://americanwreckersales.directcapital.com/

Apply with Rep:

Please call James Kelley at (603) 373-1390 or email james.kelley2@firstcitizens.com

Terms			Ownership
Amount to Finance:			Principal I Name:
Desired Term (1 - 72 months):			- Home Address:
Equipment Type:			City/State/Zip:
Equipment Vendo	or:		
Desired Payment	t Range:		-
Equipment Is: New Used			Phone #:
			Birth Date:
Business			Social Security #:
Legal Business Name:			% Ownership:
Enter the full legal name of your business.			Signature:
			-
Business Address:			Principal II Name:
City/State/Zip: _			_
Time in Business Under Current Ownership: Enter the month and year you started or acquired your business.			Home Address:
9.5			City/State/Zip:
TIN: Federal Tax ID:			Email:
			 Phone #:
Business Industry: Estimated Annual Gross Sales:			
	ii Gross Sales:		
Legal Structure:	☐ Corporation	□ S-Corp	Social Security #:
☐ Partnership	☐ Municipal	☐ Sole Prop	% Ownership:
☐ Non-Profit			Signature:
Number of Emplo	ovees.		





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:	Home Address:
City/State/Zip:	City/State/Zip:
Email:	Email:
Phone #:	Phone #:
Birth Date:	Birth Date:
Social Security #:	
% Ownership:	Social Security #:
	Social Security #: % Ownership: