



48 Kings Lane/P.O. Box 822, Wofford Heights, CA 93285

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*For Greater Business Success*

Application Date

## BUSINESS CREDIT APPLICATION

|   |  |                  |  |
|---|--|------------------|--|
| Business Name (Include DBA If Applicable)       |  | Telephone Number | Fax Number   |
| Business Address                                |  | City             | County   |
| Location of Equipment (if different than above) |  | State, Zip       |  |
| Federal Tax ID #                                |  | Type Of Business | Business Started: (Current Ownership)  |
|   |  | Check One:       | <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership<br><input type="checkbox"/> Corporation <input type="checkbox"/> LLC |

### BUSINESS BANK ACCOUNT(S)

|              |                |              |              |              |
|--------------|----------------|--------------|--------------|--------------|
| 1. Bank Name | Account Number | Account Type | Phone Number | Contact Name |
| 2. Bank Name | Account Number | Account Type | Phone Number | Contact Name |

### TRADE / LEASE REFERENCES

|                  |              |              |                |
|------------------|--------------|--------------|----------------|
| 1. Supplier Name | Contact Name | Phone Number | Account Number |
| 2. Supplier Name | Contact Name | Phone Number | Account Number |
| 3. Supplier Name | Contact Name | Phone Number | Account Number |

### PRINCIPAL(S) / GUARANTOR(S) INFORMATION

|  |                         |            |                   |
|--|-------------------------|------------|-------------------|
| 1. Principal / Guarantor (Full Legal Name) | Social Security Number: | Title      | Ownership %<br>%  |
| Home Address                               | City                    | State, Zip | Home Phone Number |
| 2. Principal / Guarantor (Full Legal Name) | Social Security Number: | Title      | Ownership %<br>%  |
| Home Address                               | City                    | State, Zip | Home Phone Number |
| 3. Principal / Guarantor (Full Legal Name) | Social Security Number: | Title      | Ownership %<br>%  |
| Home Address                               | City                    | State, Zip | Home Phone Number |

**PERSONAL CREDIT RELEASE AUTHORIZATION:** By signing below, the undersigned individual(s), who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lessor 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 collection of 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.

→ X
X
X

|   |   |   |
|---|---|---|
| 1. Principal / Guarantor Signature<br>Date: _____ | 2. Principal / Guarantor Signature<br>Date: _____ | 3. Principal / Guarantor Signature<br>Date: _____ |
|---|---|---|

**BUSINESS CREDIT RELEASE AUTHORIZATION:** I authorize all deposit, borrowing and trade account information to be released to the Lessor. I hereby represent all information is true, correct and complete. A photostat or facsimile copy of this authorization shall be valid as the original.

→ X

|                                      |      |
|--------------------------------------|------|
| Owner / Authorized Officer Signature | Date |
|--------------------------------------|------|

### VENDOR / EQUIPMENT INFORMATION

|  |                     |                       |                    |             |               |                     |             |
|--|---------------------|-----------------------|--------------------|-------------|---------------|---------------------|-------------|
| Vendor Name  | Vendor Address      | City, State, Zip      |                    |             |               |                     |             |
| Sales Representative                                       | Phone Number        |                       |                    |             |               |                     |             |
| Equipment Description                                      |                     |                       |                    |             |               |                     |             |
| <input type="checkbox"/> NEW <input type="checkbox"/> USED |                     |                       |                    |             |               |                     |             |
| Term<br>Months   | End of Lease Option | Equipment Price<br>\$ | Down Payment<br>\$ | S & H<br>\$ | Tax Rate<br>% | \$ Tax Amount<br>\$ | Total<br>\$ |