



CREDIT APPLICATION

Any Questions? Call BRANDON BROOKS 949-680-0162 • Fax Completed and Signed Application to 888-408-2466

IMPORTANT INFORMATION: If you are applying for individual lease or for joint lease with another person (including a joint account or an account that you and another person will use) complete all sections providing information about each individual applicant, joint applicant or user. If you are applying to guarantee the obligations of a business, complete all sections providing information about yourself. **Persons providing information who are not Applicants, Guarantors, or Company Authorized Signers should not sign this statement.**

BUSINESS INFORMATION						
Legal Business Name		DBA Name		Tax Identification No.		
Street Address (no P.O. Boxes)			Billing Address (no P.O. Boxes)			<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation Date of Org. _____ State of Org. _____ <input type="checkbox"/> Limited Liability Corporation Date of Org. _____ State of Org. _____
City/County/State/ZIP						
Equipment Location (if different from above): Street Address/City/County/State/ZIP						
Contact		Phone No. ()	Fax No. ()			
Nature of Business	Time in Business	Time as Owner	No. of Employees	Gross Annual Revenue		
Is your business sales tax exempt? If "YES" indicate tax exempt number: <input type="checkbox"/> NO <input type="checkbox"/> YES				E-Mail Address		

GUARANTOR INFORMATION (ALL 20% OR MORE OWNERS AND OTHER GUARANTORS)						
Principal/Partner/Officer	Title	% Ownership	Date of Birth	Social Security #	U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO	
Home Address		City	State	ZIP	Home Phone ()	
Billing Address (if different)		City	State	ZIP	Phone ()	
Principal/Partner/Officer	Title	% Ownership	Date of Birth	Social Security #	U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO	
Home Address		City	State	ZIP	Home Phone ()	
Billing Address (if different)		City	State	ZIP	Phone ()	

EQUIPMENT INFORMATION	
Please indicate the equipment description you are planning to acquire (Manufacturer/Model):	
Sales Representative:	Estimated Total Equipment Costs: \$
Structure: <input type="checkbox"/> \$1 Purchase Option Lease <input type="checkbox"/> Fair Market Value Purchase Option Lease <input type="checkbox"/> 10% Purchase Option Lease	TERM: _____ Months

BANK REFERENCE			
Bank Reference Name	Account/Loan Officer	Phone No. ()	
Account type:	Account No.	Current Balance	Average Balance (6 months)

The undersigned certifies that the information provided above is true, correct and complete. Each signer of this Application certifies that he or she is authorized to execute this authorization and release regarding the credit and other information provided on behalf of each Applicant to all Funders and Credit Reporting Entities (defined below). Each Applicant acknowledges and agrees that:

- All information provided pursuant to this Application will be used by banks, leasing companies and other financing entities ("Funders") for purposes of determining whether individual Applicants may or may not qualify for potential financing opportunities.
- Each Funder will perform its own credit qualification analysis and each Funder may or may not decide to approve this Application.
- Execution of this Application in no way implies that a decision by Funder has been made, or that credit will be granted by any or all Funders.
- Vendor has no involvement whatsoever in any of the analysis or credit decisions to be made by any or all of the Funders, and Vendor has no obligation to provide Applicant with an explanation as to why any or all such Funders have declined to approve this Application.

Applicant, its owners and/or principals, and all individuals whose names appear on the Application expressly:

- Authorize consumer reporting agencies, banks and all other persons ("Credit Reporting Entities") to furnish credit and other information to any or all Funders, separately or jointly with other creditors or funding sources, for use in connection with, or for the purpose of, extending credit; and
- Authorize Funders, Credit Reporting Entities, and joint users of such credit and other information to receive and exchange such information and to update such information as appropriate during the term of any Agreement resulting from this Application.

COMPANY AND GUARANTOR SIGNATURES (SIGN BOTH PLACES BELOW)		
We/I certify that we/I have read and agree with applicable terms and conditions above.		
Company Authorized Signature	Title	Date
Company Authorized Signature	Title	Date
Guarantor / Owner / Individual Signature	Guarantor / Owner / Individual Signature	