



**BUSINESS INFORMATION:**

**FAX BACK TO: 949-612-0258**

Full Legal Business Name	DBA		
Company Address	City, State, Zip		
Location of Equipment	Date Business Started		
Contact Person	Phone	Fax	
Type of Business	Corp / LLC / Sole Prop/Partnership	Fed Tax ID #	

**OWNERSHIP INFORMATION:**

Name	Title	SSN	Ownership %
Home Address		City, State, Zip	
Name	Title	SSN	Ownership %
Home Address		City, State, Zip	

**VENDOR INFORMATION \*please fill in if available**

Seller Name:	Contact Name:	
Equipment Description:	Phone: Fax:	
Equipment Cost:	Est. Payment Budget:	Term: 24 36 48 60

*By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Lender/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 purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting 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.*

**Client Signature** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

