



PLEASE FAX BACK COMPLETED APPLICATION TO 760.542.6403

CUSTOMER INFORMATION:

COMPLETE LEGAL NAME OF BUSINESS:		DATE BUSINESS STARTED:		<input type="checkbox"/> SOLE PROP <input type="checkbox"/> LLC <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> S-CORP. <input type="checkbox"/> C-CORP. <input type="checkbox"/> PARTNERSHIP	
MAILING ADDRESS OF BUSINESS		CITY	STATE	ZIP CODE	COUNTY
PHYSICAL ADDRESS OF EQUIPMENT (if different than above)		CITY	STATE	ZIP CODE	COUNTY
PHONE NUMBER	FAX NUMBER	CONTACT PERSON		FEDERAL TAX ID#	
E-MAIL ADDRESS	TYPE OF BUSINESS	HAS THE BUSINESS OR ANY PRINCIPAL/ OWNER EVER DECLARED BANKRUPTCY?			

OWNER/STOCKHOLDER INFORMATION:

PRINCIPAL'S NAME	% OWNERSHIP	TITLE	SOCIAL SECURITY #	DOB	OWN/RENT
HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE	
PRINCIPAL'S NAME	% OWNERSHIP	TITLE	SOCIAL SECURITY #	DOB	OWN/RENT
HOME ADDRESS	CITY	STATE	ZIP	HOME PHONE	

BANK REFERENCE:

BANK NAME	ACCOUNT #	CONTACT	PHONE
*** PLEASE ALSO PROVIDE US WITH COPIES OF YOUR MOST RECENT THREE (3) MONTHS BANK STATEMENTS ***			

LEASE/LOAN REFERENCE:

CREDITOR	ACCOUNT #	CONTACT	PHONE
CREDITOR	ACCOUNT #	CONTACT	PHONE

TRADE/SUPPLIER REFERENCE:

COMPANY NAME	ACCOUNT #	CONTACT	PHONE
COMPANY NAME	ACCOUNT #	CONTACT	PHONE

VENDOR/EQUIPMENT INFORMATION:

VENDOR NAME	ADDRESS	CONTACT	
PHONE	TYPE OF EQUIPMENT	APPROXIMATE COST	
TERM REQUESTED ___24 ___36 ___48 ___60 ___OTHER	END OF TERM ___ \$ 1 out ___ 10% ___ FMV ___ OTHER	AGE OF EQUIPMENT ___ NEW ___ USED	MODEL YEAR (if used)

By signing below, the undersigned individual(s), who is either a principal of the credit applicant or a personal guarantor of its obligations, authorizes lessor and/or debtor and their affiliates, successors or its designee (and any assignee or potential assignee thereof) to obtain consumer credit reports relating to his/her individual credit history and/or creditworthiness. 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. The undersigned also hereby authorizes our banks, trade references, and financial institutions the right to release credit information. In states where permissible, I/we hereby authorize the filing and recording of UCC financing Statements showing the Secured Party's interest in the equipment and grant the Secured Party the right to execute lessee's/debtors name thereto. 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 this application.

By: _____ Signature#1: _____ Title _____ Date: _____

By: _____ Signature#2: _____ Title _____ Date: _____