



CREDIT APPLICATION

44489 Town Center Way, Suite D401
Palm Desert, CA 92260

Phone 877-505-3670
Fax 760-496-7063

Company Information-Name:

Telephone: _____	Ext. _____	Fax: _____
Address: _____	City: _____	State: _____ Zip: _____
Contact Person: _____	Yrs in Bus.: _____	Fed Tax ID: _____
Nature of Business: _____		Bus. Type: _____

Vendor Information:

Name of Vendor: _____
Telephone: _____ Fax: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Person: _____

Equipment Information:

Equipment: _____	Term requested: _____	Equip. Subtotal: _____
		Labor, Freight, etc: _____
		Tax: _____
		Deposit: _____
Equip. Address: _____	Total Requested: _____	

Bank Information:

Name of Institution	Contact	Account #	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Trade Information:

Trade Reference	Contact	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Landlord Information:

Name _____	Contact: _____	Phone # _____
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Personal Information:

Name	% ownership	Address	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Lessee certifies that all credit and financial information submitted is true and correct and authorizes Lessor and/or any prospective creditor to investigate Lessee's credit worthiness and disclose information and investigation results to each other. I understand that I have the right to a written statement of reasons if my application is declined and I ask for such a statement. The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, creed, sex, or marital status.

By: _____ Date: _____
Signature