



CREDIT APPLICATION
Attention : Credit Dept
Main: 800-570-8200
Fax: 949-390-8192



CUSTOMER INFORMATION:

Form with fields: COMPLETE LEGAL NAME OF BUSINESS, DATE BUSINESS STARTED, MAILING ADDRESS OF BUSINESS, PHYSICAL ADDRESS OF EQUIPMENT, PHONE NUMBER, FAX NUMBER, FEDERAL TAX ID#, TYPE OF BUSINESS, etc.

OWNER/STOCKHOLDER INFORMATION: IF MORE THAN TWO OWNERS, PLEASE USE ANOTHER SHEET

Form with fields: PRINCIPAL #1 NAME, % OWNERSHIP, TITLE, SOCIAL SECURITY #, DOB, OWN/RENT, HOME ADDRESS, etc.

BANK REFERENCE:

Form with fields: BANK NAME, ACCOUNT #, CONTACT, PHONE

*** PLEASE PROVIDE THE FRONT PAGE OF YOUR MOST RECENT THREE (3) MONTHS BANK STATEMENTS TO SPEED YOUR APPROVAL ***

LEASE/LOAN REFERENCE:

Form with fields: CREDITOR, ACCOUNT #, ORIG LEASE/LOAN AMOUNT, CONTACT, PHONE

VENDOR/EQUIPMENT INFORMATION: PLEASE ATTACH EQUIPMENT QUOTE OR INVOICE, IF AVAILABLE

Form with fields: VENDOR NAME, ADDRESS, CONTACT, PHONE, TYPE OF EQUIPMENT, APPROXIMATE COST, TERM REQUESTED, END OF TERM, AGE OF EQUIPMENT, MODEL YEAR

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, 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.

Print Name: _____ Signature #1: _____ Title _____ Date: _____
Print Name: _____ Signature #2: _____ Title _____ Date: _____

PLEASE FAX OR EMAIL COMPLETED APPLICATION TO:
ATTENTION: AARON RIOS - FAX 888.860.6848 - EMAIL: arios@numericacapital.com