

ACCOUNT VERIFICATION FORM

PLEASE FAX TO:

Fax (714)200-0107

Attn: Jerry Blanks



LESSEE	Legal Business Name		DBA Name (if applicable)			
	Business Street Address/City/State/Zip Code				Business Real Estate Rent <input type="checkbox"/> Own <input type="checkbox"/>	
	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	LLC <input type="checkbox"/>	State of Incorporation	# of Employees	Federal Tax ID #
	Proprietorship <input type="checkbox"/>		Other <input type="checkbox"/> _____			
	Type of Business (Industry)			Years In Business (Current Ownership)		
Primary Contact		Phone No.	Fax No.	Email Address		

PRINCIPALS (Owners, partners, and principal officers)	Principals Full Name		Title	% Ownership	Social Security No.	
	Home Address/City/State/Zip Code			Rent <input type="checkbox"/> Own <input type="checkbox"/>	Birth Date (Mo/Day/Yr)	
	E-mail Address		Home Phone No.	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Cell Phone No.	
	Name		Title	% Ownership	Social Security No.	
	Home Address/City/State/Zip Code			Rent <input type="checkbox"/> Own <input type="checkbox"/>	Birth Date (Mo/Day/Yr)	
	E-mail Address		Home Phone No.	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Cell Phone No.	

VENDOR	Business Name		Contact	Phone No.
	Business Street Address/City/State/Zip		E-mail Address	Fax No.

EQUIPMENT	Equipment Location Address			Credit Requested \$
Quantity	Make and Model	General Description (<input type="checkbox"/> check if equipment is used) Year if Used _____		
Quantity	Make and Model	General Description (<input type="checkbox"/> check if equipment is used) Year if Used _____		

TERMS	Finance Options (check box) <input type="checkbox"/> 24 Months <input type="checkbox"/> 36 Months <input type="checkbox"/> 48 Months <input type="checkbox"/> 60 Months <input type="checkbox"/> Other _____
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REFERENCES	Business Bank		Account No.	
	Average Bank Balance	How Long?	Contact	Phone No.
Equipment Lease/Loan Reference # 1	High Credit Amount	How Long?	Contact	Phone No.
Equipment Lease/Loan Reference # 2	High Credit Amount	How Long?	Contact	Phone No.

Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes you, to whom this application is made, or your agents or assigns, to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim, which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

All approvals are subject to the verification of time in business and a complete description of the equipment. Each signer will submit a copy of his or her driver's license.

<u> X </u>	_____	_____	_____
Signature	Signer's Printed Name	Date	
<u> X </u>	_____	_____	_____
Signature	Signer's Printed Name	Date	