

CUSTOMER INFORMATION

COMPANY NAME				WEB ADDRESS	
COMPANY ADDRESS			CITY		STATE ZIP
PHONE NUMBER	FAX NUMBER	CELL or ALT. PH #	E-MAIL ADDRESS		
<input type="checkbox"/> CORP	<input type="checkbox"/> PARTNERSHIP	STATE OF ORGANIZATION	FEDERAL TAX ID NO.		
<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> LLC				
EQUIPMENT LOCATION ADDRESS			CITY	STATE	ZIP
NATURE OF BUSINESS	YRS WITH CURRENT OWNERSHIP	AUTHORIZED LEASE CONTACT			
PRINCIPAL # 1	% OWNED	PRINCIPAL # 2	% OWNED		
ADDRESS		ADDRESS			
CITY, STATE, ZIP		CITY, STATE, ZIP			
PHONE NUMBER	SOC. SEC. #	PHONE NUMBER	SOC. SEC. #		
SIGNATURE X	DATE	SIGNATURE X	DATE		

I / We authorize Pacific Coast Leasing, and its assigns or potential assigns to make whatever credit inquiries are deemed necessary in connection with my credit application or in the course of review, update, renewal, or collection of any credit extended in alliance of the application. By signing above, I authorize and instruct any person or consumer reporting agency to compile and furnish any information it may have or obtain in response to such inquiries. A fax or photocopy of this authorization shall be valid as the original.

EQUIPMENT DESCRIPTION

EQUIPMENT SUPPLIER	CONTACT	PHONE NUMBER
EQUIPMENT DESCRIPTION	<input type="checkbox"/> NEW <input type="checkbox"/> USED	TOTAL PRICE WITHOUT TAX \$

BANK REFERENCES *(Faxing the last 3 months business bank statements, balance page only, will expedite this approval)*

BANK	ACCOUNT TYPE	DATE OPENED
CONTACT	ACCOUNT NUMBER	PHONE NUMBER
BANK	ACCOUNT TYPE	DATE OPENED
CONTACT	ACCOUNT NUMBER	PHONE NUMBER

TRADE, LEASING OR LOAN REFERENCES *(creditors extending this business credit)*

SUPPLIER	CONTACT	PHONE NUMBER
SUPPLIER	CONTACT	PHONE NUMBER
SUPPLIER	CONTACT	PHONE NUMBER

INSURANCE INFORMATION

LANDLORDS INFORMATION

AGENT'S NAME	AGENT'S PHONE NUMBER	LANDLORD'S NAME	LANDLORD'S PHONE NUMBER

New file

AUTHORIZATION TO RELEASE INFORMATION

I / We authorize _____ and its assigns or potential assigns to make whatever credit inquiries are deemed necessary in connection with my credit application or in the course of review, update, renewal, or collection of any credit extended in alliance of the application. By signing below, I authorize and instruct any person or consumer reporting agency to compile and furnish any information it may have or obtain in response to such inquiries. A fax or photocopy of this authorization shall be valid as the original.

NAME: _____

SIGNATURE: _____ **DATE:** _____

SOCIAL SECURITY NUMBER: _____

HOME ADDRESS: _____

BUSINESS BANK: _____ **BRANCH:** _____

ACCOUNT #: _____ **PHONE #:** _____