



CREDIT APPLICATION

3350 E. Birch Street, Suite 209

Brea, CA 92821

PH: (866) 829-7436

FAX: (714) 579-3275

Attention: _____

LESSEE COMPANY INFORMATION

Company Name				
Company Address		City	State	Zip
Signer	Telephone ()		Fax ()	
Type of Business	<input type="checkbox"/> LLC <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			No. of Years in Business Under Current Ownership

PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS

Name	Title	Social Security Number	% Ownership	Own/Rent Present Home
Home Address	City	State	Zip	How Long? Home Phone Number ()
Name	Title	Social Security Number	% Ownership	Own/Rent Present Home
Home Address	City	State	Zip	How Long? Home Phone Number ()

COMPANY BANK REFERENCES

Name of Bank / Branch	How Long?	Chkg Acct. #	Telephone ()	Contact Officer
Name of Bank / Branch	How Long?	Chkg Acct. #	Telephone ()	Contact Officer

TRADE REFERENCES

Name of Supplier	City / State	Telephone ()	Contact Person
Name of Supplier	City / State	Telephone ()	Contact Person

LEASE / LOAN REFERENCES

Name	Original Amount \$	Loan Acct. #	Telephone ()	Contact Person
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EQUIPMENT DESCRIPTION

DECLARATION

Authorization: Applicant warrants that all the information provided Lessor is true and correct, and authorizes Cornerstone Capital and its assignees to investigate applicants credit worthiness as may be needed. The undersigned authorizes all banking institutions, credit reporting agencies, trade references and its agents to release all necessary information via telephone, mail or facsimile as requested, for the purpose of securing a lease, updating, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account.

Applicant: _____ Signature : _____ Title: _____ Date: _____