



Business Credit Application

1201 Puerta del Sol, Suite 204
 San Clemente, California 92673
<http://www.pacificacapital.com>

Please email to:
application@pacificacapital.com
 or Fax to:
 949.727.3722

Company Information									
Company Name					Telephone		Ext.	FAX	
Billing Address				City			State		Zip
Contact Person			Title			Federal Tax ID Number		Time Under Current Ownership	
E-mail Address						State Incorporated		Annual Revenue	
Company Website				Nature of Business					
Physical Equipment Location (if different from above)				City	State	Zip	Type of Business <input type="checkbox"/> C Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Non-Profit <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC		
Principal Information									
Principal #1 Name			Title			Ownership %	Cell Phone		Home Phone
Home Address			City		State	Zip	Social Security Number		
Principal #2 Name			Title			Ownership %	Cell Phone		Home Phone
Home Address			City		State	Zip	Social Security Number		
Banking Relationships									
Name of Bank/Branch		How Long?		Account Number			Telephone		Contact Person
Name of Bank/Branch		How Long?		Account Number			Telephone		Contact Person
Trade Relationships / Lease & Loan References									
Term Debt/Leases				Account Number			Telephone		Contact Person
Term Debt/Leases				Account Number			Telephone		Contact Person
Trade Reference				Account Number			Telephone		Contact Person
Equipment Information									
Vendor Name				Contact person		Cell	Vendor Telephone		
Address			City			State	Zip	Total equipment Cost \$	
Description of Equipment <input type="checkbox"/> New <input type="checkbox"/> Used								Model Year (if used)	
Requested Terms									
Number of Months:		<input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> ____					Budgeted Payment?		
Purchase Option:		<input type="checkbox"/> \$1 buy-out <input type="checkbox"/> 10% <input type="checkbox"/> FMV					\$		

Signature (Required) _____ Date _____

Print Name _____ Title _____

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Lessee certifies that all credit and financial information is true and correct and authorizes Lessor and/or any prospective assignee/creditor to investigate Lessee's credit worthiness and disclose information and investigation results to each other. Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for the purpose of update, renewal or the extension of such credit or additional credit and for reviewing and collecting the resulting account. 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. Lessee gives permission to lessor to transmit this application or receive program updates via the internet, if such transmission is required as part of the application process.



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By signing below, the undersigned individual(s), who is either a principal of the credit applicant or a guarantor of its obligations, provides this written instruction to Pacifica Capital, its nominees or assigns, authorizing review of his/her personal credit profile from a national credit bureau(s). Such authorization shall extend to obtaining a credit profile in consideration of this application and subsequently for the purpose of update, renewal or the extension of such credit or additional credit and for reviewing and collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original.

By signature below, I/we affirm our identity as the respective individuals identified in the related application.

This authorization also permits Pacifica Capital to obtain personal bank checking and/or loan account ratings if provided by applicant.

Company Name: _____

Principal #1

Full Legal Name: _____

Social Security #: _____

Signature: _____ Date: _____

Principal #2

Full Legal Name: _____

Social Security #: _____

Signature: _____ Date: _____